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PART I.—ESSAYS, MONOGRAPHS, AND CASES.

Remarks on Croup and its Treatment. By HORACE GREEN, M. D., &c., &c.

THE extent of the fatal cases of croup which have occurred among children, in the city of New York, during the last year, is almost without a parallel in the history of this affection.

The whole number of the fatal cases of this disease which, according to a statement furnished by the City Inspector, occurred in New York during the year ending February 28th, 1854, was *six hundred and eighty!* The subjoined table contains a statement of the number of deaths from croup, in each of the months of the above-mentioned year; and, also, columns to exhibit the relative proportion of males and females out of the six hundred and eighty fatal cases.

	Males.	Females.	Total.
1853. March	34	36	70
" April	29	26	55
" May	27	22	49
" June	28	14	42
" July	13	15	28
" August	21	11	32
" September	15	21	36
1853. October	38	43	81
" November	31	39	70
" December	47	42	89
1854. January	28	39	67
" February	33	28	61
	344	336	680

Undoubtedly, this disease, like many others, is influenced by atmospheric peculiarities, so as to assume, occasionally, an epidemic character, and, in certain seasons, to exhibit a great increase in its prevalence. As the various forms of angina have been more or less aggravated during the past season, it is not improbable that atmospheric peculiarities have also served to increase the frequency of croup.

We have no means of comparing the preceding statement of the fatal cases of croup, with the statistics of deaths from this disease in other places during the same time; but, on referring to an article published in the London Medical Gazette for 1850* on the subject of croup, we find that, in a population nearly fourfold greater than that of this city,† the average number of deaths from croup, during a period of eight years, in London, was less than three hundred and eighty a year. The number of deaths from croup in the whole State of Massachusetts, in 1851, according to the Registration Report for that year, in a population, at that time, of about one million,‡ amounted to four hundred and eleven. During the same year, in Suffolk county (which county includes Boston, Chelsea, &c.), with a population amounting to 145,000, the deaths were ninety-two.

It will be recollected, that at the census of 1850, the population of Kentucky was very near the same in amount with that of Massachusetts.‖

It is a little remarkable, diverse as are the climates of these States, that, with a population nearly equal, the number of fatal cases of croup should be so uniform. In 1852, according to the annual Report of the Registration of Births, Marriages, and Deaths, in Kentucky, for the above year, the deaths from croup were four hundred and sixty-one; just fifty more than occurred in Massachusetts during 1851.

In Philadelphia, the mortality from croup, in the five years preceding 1846, was seven hundred and fifty-six; or an average of one hundred and fifty-one a year,§ in a population which, at the census in 1850, amounted to 121,376.

These brief statistics will afford us some idea of the ordinary annual mortality from croup in some of the larger cities, and in different climates, and will exhibit, also, especially in comparison with London, the frightful mortality caused by the disease in New York during the last year.

It is now nearly fifty years since Napoleon issued, from the head-quarters of Finkenstin, his celebrated general order—"d'ouvrir un concours sur la maladie connue sous le nom de croup," and offered a prize for the best essay on the nature of this disease, which served to awaken a new interest on the subject throughout the whole of Europe; and was the occasion of eliciting many learned, elaborate, and highly interesting works on the nature and treatment of this terrible malady. From that time to the

* London Medical Gazette, vol. x., p. 542.

† The number of the inhabitants of London, at the last census, was 2,362,236. In New York, in 1850, is was 515,547.

‡ At the census in 1850, the population of Massachusetts was 994,514. That of Boston proper, 136,881.

‖ The population of Kentucky was 985,405.

§ Dr. Meigs on the Diseases of Children, p. 84.

present, these inquiries have been pursued, in this country and in Europe, by eminent medical men, and the results published to the world; but, has a plan of treatment yet been discovered, recommended, and adopted generally, that has had the effect to abate the severity of the disease, or, in any considerable degree, to lessen its fatality?

In that excellent treatise on Croup, by Dr. John Ware, of Boston, the author declares, that "the received mode of treating the disease," which is very much the same for all varieties, "has come down to us by a sort of tradition from our predecessors in the profession, and varies but little, if at all, from that which was originally adopted when the disease first became the object of attention. * * * In the main, emetics and bleeding, blisters and calomel, have been the principal remedies. The depleting, reducing, and perturbating method is that upon which dependence has been chiefly placed."*

This is, indeed, true, for it must be admitted that, whilst in the management of many other diseases great improvements have been made during the last half-century, in the traditionary treatment of this affection no modifications have been generally adopted which have served to diminish, in any amount, the number of fatal cases. On the contrary, the disease is admitted, by the best and most recent authorities, to be not only progressively on the increase, but, so far uncontrolled by the ordinary therapeutic measures, as to prove fatal in nearly one half of the whole number of those who are the subjects of this affection.†

These unfortunate results, which, in the statistical records of croup, have followed the ordinary mode of treatment, will be found to have been in no degree more favorable in the history of the disease as it has occurred in our city during the past winter; and we do not hesitate to avow our firm conviction, that the employment of the reducing and perturbating plan of treatment, a plan recently recommended by more than one eminent writer, and still employed by many practitioners, has destroyed more lives, among young children, altogether, than it has been instrumental in saving. A work, by an eminent English writer, has recently been republished in this country, which has met with a very favorable reception from the profession generally, and has received the commendation of the reviewers, in our medical journals; and yet, the method urged by the author, in his "Lectures on the Diseases of Infancy and Childhood,"‡ as the appropriate plan for the management of membranous croup, if fully carried out in the treatment of the disease, would prove fatal in its results, as we conscientiously

* Boston Medical and Surgical Journal, vol. xlii., p. 261.

† Traité du Croup, par M. Double, p. 479.

‡ Treatise on the Diseases of Infancy and Childhood, by Chas. West, M. D.

believe it has done, in more instances than it has proved remedial. That we may not be misunderstood in our remarks on this heroic plan of treatment recommended by Dr. West, and employed, to a great extent, by many practitioners in this country, we shall take the liberty of giving a brief statement of the therapeutic measures by him adopted.

In cases where an attack of croup "is merely apprehended, but where catarrh exists, attended with a slight, ringing cough," Dr. West recommends that the child "be confined to the bed-room, be placed on a spare diet, and should take an emetic of ipecacuanha and antimony, to be followed by some mild diaphoretic medicine containing small doses of antimonial wine."*

But, should the disease have attained its full development, before the patient comes under the notice of the physician; or, should its access be violent, a far more energetic plan of treatment is advised by Dr. West. "The abstraction of blood, and the administration of tartar emetic, are the two measures on which your main reliance must be placed; and you must bleed largely, and give tartar emetic freely, remembering that if relief do not come soon it will not come at all—that there is not danger only, but death in delay. I have never met with an exception to the rule which prescribes the free abstraction of blood in every case of severe idiopathic croup, when seen at an early period, and before the purple lips, and livid countenance, and failing pulse, announce the long continuance of a serious obstacle to the free admission of air into the lungs. Even in very young children local depletion forms, in these cases, but a poor substitute for general bleeding; for it is not merely the abstraction of a certain quantity of blood that is needed, but its removal in such a manner as most speedily to produce an effect on the system. Bleeding from the jugular vein is preferable, under these circumstances, to venesection in the arm, since the latter often fails in children under three years old; and the blood never flows so freely as when taken from the jugular vein."†

After bleeding "largely" from the arm,—or, what Dr. West considers preferable, "in very young children," from the jugular vein, *because*, in children under three years of age, "the blood flows more freely when taken from the jugular vein,"—the free administration of tartar emetic is recommended. To accomplish any real good by means of this medicine, "it must be given," says Dr. West, "in doses of an eighth, a quarter, or half a grain, every ten minutes, until vomiting is produced; and the same doses should afterwards be continued every half hour, until decided and permanent relief has been afforded." If the medicine, when administered in

* Diseases of Infancy and Childhood, by Chas. West, M. D., p. 221, Philadelphia edition.

† Ut supra, p. 221.

the same amount as at first, fails after a little to excite vomiting, it is advised by the author to increase the dose until this effect is fully produced. The antimony thus administered, is to be continued for four or six hours, when, if "no satisfactory measure of improvement should have yet appeared, local depletion may be resorted to, or possibly a repetition of general bleeding may in some cases be ventured on."*

Later in the disease, calomel, in combination with ipecacuanha, is administered every hour or two hours, "but interrupting its use at intervals in order to give an antimonial emetic;" and, finally, these active therapeutical measures above enumerated having been thoroughly tried, and tried in vain, Dr. W. advises that a totally different plan of treatment be at once adopted. "If antimony cease to vomit," he remarks, "or if it be rejected immediately, and without effort, the fluid thrown up being unmixed with phlegm or false membrane, while the temperature sinks, the lips grow more livid, the pulse more frequent and feeble, and the paroxysms of dyspnœa are undiminished in severity; or, if the respiration, though less laborious, be attended with a sibilant, instead of a stridulous sound, it is evident that by continuing the medicine we may destroy the patient, but shall fail to cure the disease."

Under such circumstances, "an attempt must be made to arouse the child from the state of collapse into which it is sinking, by placing it for a few minutes in a hot mustard bath, and emetics of the sulphate of copper should at once be administered."† If, to the therapeutic measures already enumerated, we add that of the use of mercury, which, in addition to its occasional administration at an earlier period, is to be employed at that stage of the disease when the patient "seems sinking into a state of collapse," and under these circumstances to be fully employed, by means of its internal administration, every hour, "while at the same time a drachm of strong mercurial ointment may be rubbed into the thighs every two hours," in order to bring the system as speedily as possible under the influence of mercury," together with the application of "a blister to the throat" —if these measures are included, we repeat, they constitute the plan of treatment strongly advocated by Dr. West, and employed by many practitioners, both in Europe and in this country, for the treatment of membranous croup. "Emetics and bleeding, calomel and blisters," *Medicina agens et perturbans*, the Sangrado, traditionary treatment of the last half-century! We can hardly imagine a plan more likely to prove unsuccessful, when fully carried out, than the method of which we have spoken; and if we consult the records of this plan, we shall find that, where it has been

* Op. citat, p. 222. † Op. citat, p. 224.

adopted, this opinion of its effects will be entirely sustained by the results which have followed its employment.

A similar method, though in some degree less heroic, is advocated by Dr. Meigs, of Philadelphia, in his recent work on "The Diseases of Children."* In a "summary of the treatment," Dr. Meigs suggests "the following plan of treatment to be pursued in children about or over two years old, when we are called in good time: to take from the arm three or four ounces of blood, once, twice, or three times in two days, according to the strength of the child, and the degree and obstinacy of the fever. In both forms of the disease, emetics, and I would recommend alum in preference to any other, should be given once at least, very often twice, and, in violent cases, three or four times in the twenty-four hours, so as to produce vomiting attended with a good deal of effort. To give, at the same time, from one to two grains of calomel, with a quarter or half a grain of Dover's powder, every two hours, taking care not to give a dose for an hour before nor after the time selected for the exhibition of the emetic. In cases in which there is loud stridulous respiration, heard both in the inspiration and expiration, in which previous treatment has had no effect, and in which there is threatening of speedy death, we may give two grains of calomel every hour, until three or four doses have been taken, and direct the exhibition of an alum emetic after the last dose, or resort to tracheotomy."†

Certainly, in one respect, this "plan of treatment" is characterized by a great improvement on the wholly reducing and prostrating method ordinarily adopted;—namely, in substituting alum for antimony as the emetic in the treatment of the disease. His reasons for this are as follows: "Antimony, when resorted to as frequently in the disease as I am of the opinion emetics ought to be, is too violent in its action; it prostrates many children to a dangerous degree, and is, I fear, in some cases, itself one cause of death."‡

If, then, these positions, with regard to the generally-adopted, reducing plan of treating croup, are tenable—and in confirmation of these views we challenge inquiry into its history—is it not time for the thinking, *progressive* portion of the profession to conclude with Dr. Ware, "that the methods of treating this disease in common use, require a careful reconsideration"?

That there is a method of treating croup, which every practitioner may, if he will, adopt, and which, if promptly and appropriately employed, will arrest the disease in a very large proportion of cases, we unhesitatingly aver.

* A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M. D., &c., second edition.

† Op. citat, p. 103.

‡ Op. citat, p. 97.

In 1848, the writer published a small treatise, "On the Pathology of Croup, and its Treatment by Topical Medications," in which the declaration was made that, "the practice of making topical application of medicinal agents into the larynges of young children, for the treatment of membranous croup, is a plan entirely practicable, safe, and, when judiciously employed, *in the highest degree efficacious.*" This method of treating a disease hitherto so unmanageable, was founded upon the following propositions, which were then advanced, with regard to the pathology of the disease, namely: That the essential characteristics of true croup "consist in an inflammation of the secreting surfaces of the fauces, larynx, and trachea, which is always productive of a membranaceous or an albuminous exudation.

2. "That the membranaceous concretion, which is found coating the inflamed mucous surface of the parts in croup, is an exudation,—not from the membrane itself, but is secreted by the muciferous glands, which so abundantly stud the larynx and trachea.

3. "That the exudative inflammation commences, invariably, in the superior portion of the respiratory passages, and extends from above downwards,—never in the opposite direction."

Since the publication of the work in which this mode of treatment is advocated, the author has had the opportunity of treating many cases of croup on the plan deduced from this view of its pathology; viz., by means of topical medication,—not only in his own practice but in the practice of, and in conjunction with, other members of the medical profession; and with an amount of success that has afforded a high degree of encouragement and satisfaction.

He has also received from medical men, in different parts of the United States, as well as from numbers in Europe, the history of many cases of membranous croup, wherein topical measures, in their hands, have proved effectual in arresting the disease. In view of the great fatality, on the one hand, which constantly attends this disease, as ordinarily treated, and on the other, of the prejudice against the local treatment, which is still entertained by many, especially of the older members of the profession, the author does not feel at liberty to withhold from his professional brethren this abundant and most conclusive testimony in favor of topical medication in the treatment of croup.

It will not avail, for the cavilling opposer of this method of treating the disease, to rebut all testimony in its favor, as many in the profession, who, having always refused to try the plan, have persisted in doing,* with

* In a case of membranous croup that occurred in this city, the history of which was received from the attending physician, a prominent surgeon was called, by re-

the assertion, that the cases of croup which have recovered rapidly under local treatment "were not cases of true membranous croup, but those of a spasmodic, or catarrhal nature, such as would have recovered under almost any treatment;" for, in many instances the employment of nitrate of silver, in the treatment of croup, has been adopted with great success, by eminent practitioners, who had, previously, had extensive experience in the management of the disease, but who, before the employment of topical medication, had treated, unsuccessfully, a large number of cases by the ordinary "depressing, depleting, and disturbing remedies." This was the case, as with many others to whom we could refer, with the distinguished Dr. John Ware, of Boston, to whose experience, in the different modes of treating this disease, and the conclusions to which he has arrived, we shall now briefly allude.

It is well known to the reading members of the profession that several years ago Dr. Ware published his "Contributions to the History and Diagnosis of Croup"—a work evincing more scientific research, and containing more information with regard to the true pathology of membranous croup, than all that had been previously written in America. In these papers, Dr. Ware refers to thirty-nine cases of what he denominates membranous croup, which were noticed in his own, or in the practice of his friends. Of these cases the state of the fauces was observed in thirty-three instances, and "in thirty-two a false membrane was present; most frequently, and sometimes only, on the tonsils, sometimes on other parts also, as the palate, uvula, and pharynx. In one case no such membrane was present; but it was found to exist in the larynx after death. These thirty-three cases were treated by the ordinary therapeutic measures; and of the whole number, *three* only recovered—in thirty, the disease proved fatal. It is not at all surprising that, under these circumstances, Dr. Ware, eminent for his careful investigation and conscientious inquiry after truth, should have become "confirmed in the opinion," as he subsequently declares himself to have been, "that the methods of treating this disease, in common use, require a careful reconsideration;" nor that he should have propounded the question,—"If the mode of treating croup commonly adopted, does no good, are we sure that it does no hurt?"

quest of the family, in consultation. The case had advanced, until the symptoms were very urgent, and prompt measures were demanded, to save the life of the child. The physician in attendance proposed cauterization of the parts, rather than tracheotomy. The consulting surgeon positively refused to accede to the adoption of this plan, on the ground, that it was a dangerous, and, in such cases, a worthless measure. The physician, however, persisted in his proposal, and the surgeon retired. Cauterization of the larynx was then promptly, and perseveringly employed, and, by this means the life of the child was saved.

Having concluded, after the experience to which we have referred, to treat the disease "without the persevering use of the heroic remedies," Dr. Ware subsequently adopted a method in which "the treatment consisted—

1. "In the absence of all reducing, depleting, and disturbing remedies.

2. "Keeping the patient under the full influence of opium combined with calomel.

3. "Constant external application of warmth and moisture [to the neck], and of mercurial liniment, slightly stimulating.

4. "Constant inhalation of watery vapor."

In March, 1850, Dr. Ware read before the Suffolk District Medical Society "Additional Remarks on the Treatment of Croup," in which paper he refers to five cases of membranous croup, three of which were treated on the method indicated in the preceding propositions. The history of these five cases, as briefly narrated by Dr. Ware, with the conclusions to which he has arrived, we shall take the liberty of giving in his own words.

"The first case was that of a male, four years old, who was taken with membranous sore throat, accompanied by high constitutional irritation, Oct. 14, 1845. No croupy symptoms occurred till Oct. 18, when they were manifested in a perfectly distinct manner. On the 20th and 21st, patches of false membrane, with bloody sputa, were raised—and one piece of four inches in length. The raising of the latter was accompanied by a severe and suffocative paroxysm of coughing. On the 22d he died, eight days from the commencement of the disease and four from the access of croup. The suffering in this case was very considerable, but far less than I have been accustomed to witness in cases of croup treated according to the ordinary method."

"The second was that of a female, four years of age, taken with croup on the 8th of Nov., 1845. No depleting or reducing remedies were employed. Patches of membrane, and one piece of considerable size, were brought up on the 10th, and a few following days. She never suffered much, improved steadily, and on the 15th seemed well in all respects except the voice, so that on the 16th I did not see her. On the 17th there was a return of all the croupy symptoms, including the appearance of lymph upon the tonsils, and she died on the night of the 19th, eleven days after her first seizure. During no part of the disease was the suffering from dyspnœa very intense for any continued period.

"On dissection, the usual appearances were found, and in one lung the false membrane extended for some distance into the bronchi in the substance of the organ."

"The third case was a female, six years of age, who was seized with the disease Oct. 31, 1847. The onset of the disease was gradual, yet quite dis-

tinct. Nov. 2d, the symptoms had become quite severe; and Nov. 3d, there was bloody expectoration, and pieces of membrane were spit up. Pieces of membrane continued to be found in the sputa for several days, and she was very comfortable and breathed with tolerable ease, yet never losing the distinct croupy sound of respiration and voice. She retained some appetite and sat up and amused herself as usual. On the 8th, she became rapidly worse, but without distress, and died on the 9th, quite easily, ten days from the first attack of the disease.

"It will be admitted, I think, that these cases, especially the two last, exhibited certain differences from the common course of this disease, which indicated a favorable influence from difference of treatment.

"In all of them the membrane was thrown up in considerable quantities.

"In all of them the disease was attended by very much less distress than is usual in croup, and, in two, there was so decided a mitigation of symptoms following the separation of the membrane, as to lead to considerable hope of a favorable termination.

"In two, at least, the disease was prolonged to at least twice its average duration under the usual treatment.

"In the two other cases, to which reference was made, the same general course of treatment was followed, with the addition of the introduction of a sponge, wet with a solution of the nitrate of silver, into the larynx. In each of these cases the application was made as early in the disease as I became satisfied of its distinct character. It was repeated morning and evening. It decidedly gave relief to the breathing, soon after each application, and both cases ultimately recovered perfectly. For the suggestion and adoption of this valuable addition to our means of treating this formidable disease, we are indebted, as is well known, to the enterprise of Dr. Horace Green, of New York. The profession, I think, owe to him a large debt of gratitude, for the energy and perseverance manifested in the introduction of this remedy, and I am the more disposed to render this tribute to him, because so many attempts have been made to detract from his merit in relation to it.

"I am well satisfied from what I have now seen of this method of treating croup, as compared with that which has been followed for so many years, that it has the advantages which were pointed out in one of the preceding papers. It is a disease which I would treat without depletion—except, perhaps, by a few leeches—without vomiting, without purging, without blisters, without antimonials, ipecac., and all those other nauseous remedies which have been usually resorted to. I would trust to opiates, perhaps calomel, emollients, and the local application of the nitrate of silver.

"I ought to add that many of my friends in the profession have informed

me of cases in their practice, treated on these principles, which have recovered in a favorable manner."*

Since the publication of Dr. Ware's papers, cauterization of the larynx, in the treatment of membranous croup, has been adopted by large numbers of medical men in New England, from many of whom we have received communications on this subject, expressing their full confidence in this therapeutic agent, when timely and appropriately employed in the management of croup.

Should we give the history of a tithe of these cases, which have been thus reported to us, they would occupy a much larger space than can be appropriated to this subject in the pages of the MONTHLY. In many instances—and this is the testimony of large numbers of practitioners, experienced in the disease—the morbid process has been promptly arrested, by topical medication to the surface of the tonsils and pharynx without the introduction of the sponge-probang into the larynx.

If the proposition, with regard to the pathology of the disease, be admitted, namely:—that the exudative inflammation in croup commences invariably, as a general rule, about the fauces and upper portion of the respiratory tubes, and extends from above downward, it must be apparent that no remedy can prove so effectual in arresting the morbid process as cauterization.

That this is the true pathology of the disease has been fully established, not only by many impartial observers, but also by the success which has attended the practice founded upon this view of its nature: it is, moreover, so declared to be by some of the most eminent and experienced pathologists of the present day.

"In true croup," says Rokitansky, "which is essentially a disease of childhood, the exudative process often affects the throat and pharynx, and it extends from the epiglottis through the larynx and trachea—in some instances to the minute ramifications of the bronchial tubes—but the points it most commonly attacks are the larynx and trachea."†

Prof. Hasse, also, whose late work on Pathological Anatomy has been translated and published by the London Sydenham Society, observes, with regard to the exudatory inflammation of croup, that its progress is invariably from above downwards, and that it never spreads in the opposite direction. "This law is so universal, that where plastic inflammation occurs in the bronchi of the adult, as the concomitant of pneumonia, it can only descend to the pulmonary cells, never mount to the larynx."‡

* Boston Medical and Surgical Journal. Vol. xlii., pp. 267, 268.

† A Manual of Pathological Anatomy. By Karl Rokitansky, M. D. Sydenham Edition. vol. IV., pp. 20, 21.

‡ An Anatomical Description of the Diseases of the Organs of Circulation and Respiration. Sydenham So. Edition, p. 276.

Still farther to sustain these views, not only of the nature of the disease, but of the positive efficacy of topical treatment in every stage of membranous croup, we shall proceed to adduce further testimony on these most important points.

In a recent number of the "*Archives Générales de Medécine*," is an interesting memoir by M. Vouthier, on the history of croup, as it occurred in an epidemic form in *L'Hôpital des Enfants Malades de Paris.*

In this paper are the details of several well-marked cases of membranous croup, which were treated successfully by "emetics and cauterizations;" and although in these instances the argentine solution was not conveyed into the larynx, but was applied only to the fauces and pharynx, yet the patients recovered perfectly under the treatment.* Although the cases thus treated are characterized as having been very severe—"trés-intense"—yet, as the treatment was early adopted, it is probable that the exudative process had not extended into the larynx; for, in the same paper is a history given, of five other cases of membranous croup, in which the disease, having reached the larynx, was not arrested by cauterizations. This measure was employed, as in the other cases, but no attempt was made to pass the instrument below the epiglottis. Tracheotomy, however, was resorted to in all these five cases, but every patient died. Efficient cauterization of the larynx, we maintain, would have saved three, if not more of these last cases.

A few weeks ago, a physician from the interior of one of our South-western States, called on us to state his experience in the treatment of croup by local measures. Two or three years before, he had passed several weeks in our city, and had then seen, for the first time, the employment of topical medication for the treatment of laryngeal and bronchial diseases. Returning to his home in the West—a region noted for the frequency with which croup occurs among children—he commenced at once to put into practice the new method of treating disease, with which he had recently become acquainted. During his previous practice, he had treated many cases of croup in the ordinary method, and the proportion of deaths, in his experience, as he stated, had been quite equal to one-third of the whole number attacked. But since the adoption of topical medication, during the two or three years after his return, some fifteen cases, he affirmed, had come under his observation, and were treated by cauterization of the fauces and larynx, *every one of which recovered.* The plan adopted by this physician was the same as that, to which we shall briefly refer, at the close of this paper.

As before asserted, since the publication of our work on croup, we have received similar verbal statements, in favor of topical medication, from phy-

* Archives Générales de Medécine. Tome xix., art. 1st.

sicians resident in almost every State in the Union; but we have also abundant *written* testimony on this subject.

The following cases from Prof. May, of Washington, who is one of the most distinguished of American surgeons, will be read with much interest.

Washington, April 30th.

My Dear Sir:

I herewith enclose you a hasty and brief account of the cases of cynanche trachealis, in which I have used the strong solution of nitrate of silver, as recommended by you in your work on croup. The statement of these cases is not as full and satisfactory as I could have desired, owing to the partial notes hastily taken by me at the time of their occurrence; but the result, in several of them, fully sustains the great value of the local agent recommended by you, to arrest this formidable disease, and which you have been, I believe, the first to bring fully to the consideration of the profession.

I am very truly and respectfully yours,

JNO. FRED'K MAY.

Case 1st.—On the 2d Jan. I was called on to visit a son of Mr. C., of this city, aged about ten years, whom I found laboring under symptoms of croup. The child had been complaining of some uneasiness about the throat, with hoarseness and slight cough, a day or two before I saw him. At my visit, his respiration was difficult, and there was a good deal of tenderness about the tonsils and fauces, which were inflamed. There was considerable febrile action, and the little patient was very restless, and the voice quite hoarse. I directed an emetic, to be followed by an active mercurial cathartic, his bowels being constipated, and such local applications, both internal and external, as I thought most likely to give relief.

At my visit next day, I found my little patient no better, but, on the contrary, his symptoms were more unfavorable and alarming. His respiration was very difficult, and his countenance expressed great suffering and anxiety. He could not remain more than a few moments in a horizontal position, but was raising himself up continually, and stretching backwards the head to obtain relief. In a word, the difficulty of respiration was extreme. He was very hoarse, his pulse very hurried, and the throat and tonsils more inflamed than at my previous visit. The symptoms of diptheritic croup, which had been epidemic in our city the year previous, were very decided. I at once resolved to try your method of introducing a strong solution of argent nitrat. into the larynx—everything else having been tried by me, in this disease, the year previous, not excepting tracheotomy, with but little success. The symptoms were very urgent. I felt satisfied that, unless soon relieved, the case would probably end fatally. I had no instrument sufficiently small for the object I had in view, and I therefore bent a small piece of ash stick to the proper curvature, and secured to the end of it a small piece of sponge, which I saturated thoroughly with a solution of the crystalised nitrate, of the strength of forty grs. to the ounce, and introduced it fairly into the larynx. This I repeated once or twice, on the spot, the child being forcibly held by the father. There was considerable irritation pro-

duced in the throat, for a few moments, but I believe it was caused as much by the effort, on the part of the child, to resist, as by the action of the caustic.

I remained some time, after using this remedy, and in half an hour the improvement in his breathing was manifest to all present. I left him breathing decidedly better, and when I returned in the morning I found the child had passed a quiet and comfortable night, having slept a considerable portion of it. The caustic solution was again used by me, in the same way, at this visit, his breathing having again become somewhat more difficult, and with the same improvement in his condition. My visits to him were soon after discontinued, the little patient having entirely recovered.

Case 2d.—I was requested in May, by my friend, Dr. Dawes, to visit, in consultation with him, in the country, a little girl of two years of age, the daughter of R. S. Wood, Esq.

Dr. D. had been in attendance on the child for several days, and had administered the usual remedies in her disease, which was membranous croup. Having mentioned to him, some time before, the success of the argent-nitrat. solution, in the case which I have already stated, he was desirous of having it used in the present instance.

When I saw the child the breathing was extremely difficult, and the cough tight and ringing. The little patient was much exhausted, having slept but little during the twenty-four hours which had passed. It was constantly held by the mother in her lap, or by some of her friends, as the respiration became more labored when she was placed in the bed. I at once used the solution of crystalized nitrate of silver, introducing it into the larynx, and cauterizing also the back part of the throat, freely. The solution was of the strength of fifty grs. to the ounce.

The respiration became easier before I left the house. This was apparent to all, and at the same time the pulse improved, and the skin became more natural and warm. On our return, early in the morning, we found the little patient had passed a much more comfortable night, and her breathing had decidedly improved. The caustic was, however, again used, and with an equally satisfactory result. The symptoms of the disease gradually yielded, and the child recovered. As I was not aware, or had forgotten the treatment which had been pursued, in the commencement of her case, I applied to Mr. Wood, who had formerly pursued the study of medicine, for a statement of it. I received the following reply:

"My daughter, about two years old, was attacked with croup in the month of May last. She had never suffered previously from any disease, and her constitution was good. After trying the usual domestic remedies, such as hot baths, emetics, local applications, and small doses of calomel and ipecac. frequently repeated, we were induced to send for our family physician, Dr. Dawes, who prescribed mercury to the full extent warranted by her critical situation. On the third day, the doctor proposed consulting with you, in regard to the propriety of introducing a strong solution of the nitrate of silver into the larynx. I readily gave my consent, and the operation was performed twice within twelve hours. The character of the respiration was perceptibly changed on the first trial, but we felt doubly sure of

success on its repetition; the pulse rallied, and the color of the skin became more natural.

"She is now enjoying perfect health."

Other cases have been treated by Dr. May with equal success, the history of which have been furnished by him; but, as our object has been to give the testimony of different members of the profession, from various localities, these may with propriety be omitted.

Dr. A. M. Vedder, Lecturer on Anatomy and Physiology, at Union College, has treated many cases of membranous croup by topical measures. The subjoined cases were communicated by Dr. V.

Even at the present day, there are medical men who will not admit that the passage of an armed probang into the larynx of the adult can be accomplished. Much more emphatically do these men deny the possibility of cauterizing the larynx of the young child. Within the last year, an astute professor in one of our medical colleges declared, before his class, his firm belief that the operation had not been, and never could be, performed! To such "blind guides," we would commend the interesting fact recorded in the second case reported by Dr. Vedder.

Oase 1*st*.—A little girl, aged six years, was under treatment by a neighboring practitioner, who called me in consultation. She was first taken with what we supposed to be slight catarrhal symptoms; after a few days, the cough became stridulous, and was accompanied with some fever. These symptoms continued for three weeks, gradually increasing in severity. At this time I saw her, in the evening, and found her laboring under the characteristic symptoms of inflammatory croup; pulse rapid, and small; voice reduced to a whisper; respiration high and labored; tonsils red and inflamed, but not covered with false membrane. The attending physician had treated her with sinapisms, calomel, and tartar emetic, the latter in emetic and nauseating doses.

I suggested the topical application of nitrate of silver, which was readily acceded to. Two applications were made (℈ii. to ℥j. aqua). The probang was found covered with a thick, tenacious secretion. Respiration became somewhat more free. On the following day, there was a marked increase of all the symptoms, the silver was again applied three or four times during the day, entering the glottis each time. There was now a gradual improvement of all the symptoms, and no further applications were made. During this time, calomel and James' powder were also administered.

Case 2*d*. Louisa ——, aged six years, general health previously good, came home from school (Nov. 1st) complaining of sore throat and cough, which was followed by vomiting. A homœopathic doctor was sent for, who treated the case as "sore throat" for five days; during this time, she was not wholly confined to the bed, and was about the house a part of the time. On the afternoon of the fourth day, she became very

hoarse, with loss of voice and decided croupy cough. Nov. 6th, Confined to bed, with considerable heat of skin and thirst. I saw the patient this day, for the first time, at 6 o'clock, P. M. Expression of countenance anxious, skin pale, voice reduced to a whisper, respiration extremely difficult, high and characteristic, pulse frequent, skin above natural temperature, cough frequent; applied the nitrate of silver with the probang, which did not produce any unpleasant symptoms, her breathing became somewhat easier; during the night her respiration became more difficult, and an emetic was administered, which was followed by some relief. *Nov. 7th, A. M.*, Countenance still anxious, color of skin inclining to blue, respiration not much improved, almost complete aphonia,—prescribed the following powder, to be taken every three hours.

℞. Tart. Antim., gr. $\frac{1}{8}$,
Hyd. Chlor., M. gr. $\frac{1}{4}$,
m.

Applied the silver three times during the day. *Nov. 8th*, No improvement, sweats now freely, and has done so all night,—on coughing expectorates a little mucus, particularly after applying the sponge, continue powders and apply cold water to the neck by means of a towel. *Nov. 9th*, No improvement; applied the sponge, and on removing it *the false membrane* was found attached to the sponge; and on examination found it to be a membranous tube two and a-half inches in length, and about one half the thickness of milliner's pasteboard. Her respiration became immediately easier and she continued to improve from this time, the sponge was not again applied, her cough remained "croupy" for several days longer, her voice did not become natural for more than a week after, the cold water and expectorants were continued for several days. Her health has been good since: her voice becomes hoarse, occasionally, on taking cold. I should have remarked, that at my first visit, I saw patches of lymph on the tonsillory glands. On taking charge of the patient (which I did with great reluctance), I had very little hope of a favorable termination, on account of the advanced stage of the disease, and must attribute the cure to the application of the silver.

Since treating this case I have used the silver with varying success. In two cases, in which I was called early, and in which the lymph could be seen in the upper part of the fauces, the patients recovered. In one case where I was called in consultation, the patient was in *articulo mortis*. We used the silver without any relief. In two other cases, I was called late in the disease; the nitrate of silver, and other remedies were employed; but both cases terminated fatally.

Believing, as we conscientiously do, that the reducing, perturbating, plan of treating young children for croup, is, in a large proportion of cases, not only useless, but worse than useless; and that, on the other hand, we have, in the topical treatment, when judiciously combined with mild general measures, an entirely practicable, and, in most cases, an effectual means of arresting the disease, we are solicitous to remove the objections, which, for various reasons, exist in the minds of many practitioners, and hinder

their adoption of this method. We have alluded to the dogmatic scepticism of one class, but fortunately this class of "unbelievers in the earth's rotation," is very small. Still, there is a much larger class, who, whilst they admit both the practicability and utility of the treatment, reject its employment because of the supposed difficulty of medicating the larynx in disease. This difficulty, we can assure the profession, does not exist. It is neither really difficult to accomplish, nor is it in any degree a hazardous operation. Any medical man who understands the relative anatomy of the parts, can, with very little practice, readily pass the sponge probang into the larynx; and, as benefit comes from the attempt (for the parts cauterized thereby are those first affected in croup), no time should be lost in putting the method into practice, in the onset of the disease.

During the prevalence of the disorder, last winter, when the writer was receiving calls, daily, to visit cases of croup, a request came from a physician residing in Morrisania, to meet him in consultation in a case of membranous croup. As the writer could not comply with the request, his assistant, Dr. Richards, attended the consultation; and he testifies to the fact, that the case was one exhibiting all the characteristic signs of true croup, of a very severe grade. The physician, Dr. Mann, who is an accomplished and experienced practitioner, had had many opportunities of treating croup by the ordinary method; but in this case, which we shall give, he employed, for the first time, we believe, cauterization of the larynx; and it will be seen that in his hands, the operation was both practicable and successful. So much pleased was Dr. M. with its effects that he has since placed his entire dependence, as it will be seen, on topical medication alone in the treatment of the disease.

The following communication has just been received from Dr. Mann:

Morrisania, May 12th, 1854.

Doct. Horace Green,

Dear Sir:—The enclosed list of cases of Cynanche Trachealis, I send agreeably to your request. In none of them were any internal remedies used, not even a preparatory emetic, except—where circumstances required it—a mild cathartic. With this exception, they were all treated by topical applications exclusively.

Case 1st.—On the 7th of February last I was sent for, at 4 o'clock, A. M., to attend Alfred ——, aged four years. Circumstances prevented my seeing him until 8, A. M. I then found him laboring under true membranous croup. The attack commenced on the evening of the 6th, preceded by hoarseness and slight cough. I had previously attended the patient on Jan. 8th, for pneumonia of the left lung, from which he had recovered perfectly, though still somewhat weakened by this illness. I found the little fellow struggling for breath, each effort at inspiration accompanied by a loud crowing sound, the muscles of the mouth contracting

violently at the same time, the countenance and lips livid, a cold perspiration standing in large drops upon the face, and every symptom indicating rapidly-approaching dissolution. I immediately passed through the larynx and nearly down to the bifurcation of the trachea, a sponge-armed probang containing one drachm of a sol. argent. nit. xl. grs. to ℥ j. The first effect of this application was a severe fit of coughing and choking, followed by copious vomiting, which relieved the respiration temporarily. Between this time, viz., 8 A. M. and 7 P. M., five applications were made; at about the latter hour Dr. Richards saw the patient with me. We found him sitting up, perfectly conscious and able to speak, and had taken some beef tea. Respiration entirely free from any crowing sound, which could now only be heard during a fit of coughing. Skin moist. *Feb. 8th.* Continues still improving; respiration natural; slept at intervals during the night; appetite craving; cough troublesome; slight fever; face flushed. *Feb. 9th.* No symptoms of croup remain; slight bronchitis, which yielded in a few days to mild remedies.

Case 2d.—On Feb. 11th, I was called to see Sarah ——, aged two years. The patient had been suffering for two days previously, with hoarseness, and what the mother called a "sore throat," accompanied by a loud ringing cough. On examination of the larynx and fauces, I found them considerably inflamed. The tonsils were enlarged; and, adhering to the posterior surface of these glands, I discovered a white substance lining them, and extending downward toward the larynx. The symptoms of true membranous croup were strongly marked. Skin hot and dry; face flushed; countenance expressive of anxiety and suffering; cough and respiration characteristic. I immediately made an application by means of the sponge probang to the fauces and larynx, of a sol. argent. nit. grs. lx. to ℥ j., then passed through the rima glottidis.

Feb. 12th. Patient playing about the room; respiration natural; cough troublesome, and accompanied by a free secretion of thick, ropy mucus, which the patient, on raising, immediately swallows. Detached the white substance from one tonsil, and found it to be a firm membranous exudation. This child had one other application of a weak solution, and was perfectly recovered on the third day after the first visit.

Case 3d, Feb. 25th, John ——. This patient was seized with slight hoarseness toward evening, on the 24th, but awoke at about 4 o'clock, A. M., with unmistakable symptoms of croup, which were rapidly increasing in urgency and danger. Ipecac. onion draughts, and mustard, with other domestic remedies having failed to produce relief, I was summoned to the sufferer. Applied a sixty-grain sol. at once, 7 A. M. At 4 P. M. found the respiration much relieved, the patient being better in every respect. Applied a thirty-grain sol.

Feb. 26th. The little fellow saw me tying my horse, and fearing, as he expressed it, that I was going to "run the poker down his throat again," scampered off and hid.

The above cases it gives me pleasure to submit to your perusal. I should have regarded any one of them as nearly hopeless under the old plan of treatment.

Very respectfully yours,
F. P. MANN.

Doct. Horace Green, 12 *Clinton Place.*

With the history of one more case, voluntarily furnished by Dr. M., an intelligent physician of a neighboring State, we shall close our selections from the mass of testimony that has been received, in favor of the plan of treatment advocated in these pages.

DEAR SIR:—

You will excuse the liberty which I assume in thus addressing you. I cannot forego the opportunity I have in expressing to you the gratitude I now feel for your kindness to me, and for the information I acquired in the short time I passed in your office, during my late visit to your city. So elated do I feel with the result of your mode of treating diseases of the air-passages, that I must trouble you to read an account of my first experience in the use of topical applications, in an interesting case of croup.

Feb. 18th, at 8 P. M., a gentleman entered my office, in some haste, and requested me to step across the street and see his child, which he feared was dying. Without ceremony or question, I accompanied him home, where I found two physicians, with some dozen, more or less, neighbors, surrounding the bed of a little fellow, six years of age, the sound of whose inspiration and expiration was to me a sure index of the nature of his disease. In the diagnosis we could not be mistaken. He was in the very last stage of membranous croup. The patient was of a bilious temperament, black hair and eyes, dark complexion, very large head, with a short and very thick neck; broad chest, and, for a boy of his age, very muscular. It was with the utmost difficulty that he could breathe, every muscle of the body seemed brought into action, at each respiration; the countenance was flushed and anxious, the lips pale and swollen, the eyes protruded, nostrils dilated, and ever and anon that cough, the sound of which you know, but which I cannot describe; pulse beyond enumeration. All these were sufficient to cause the friends and physicians, as well as myself, to believe the child to be in *articulo mortis*. I, however, proposed cauterization with the probang; the physicians, after explaining to them what I *meant*, opposed it, on the ground that it was not only perfectly useless, but that it was utterly impossible to pass it into the larynx; the which, I of course flatly denied. I then, without much regard to professional etiquette, as the case demanded action rather than ceremony, and also because I was determined, if possible, to try your plan, explained to the friends, as well as I could, the nature of what I proposed to do, the objects in view, and the probable results that might reasonably be anticipated; nor did I keep back the fact, that the child, notwithstanding, might die.

The friends immediately consented to my doing what I pleased, as the child would die without immediate relief. All the usual remedies, such as emetics, leeches, blisters, &c., had been used. I immediately made a sol. of argent.-nitrat. cryst. fifty grs. to the ounce of aqua. distil., saturated the sponge, and made the attempt to pass it into the larynx; the child struggled and I did not succeed, but what was very good, I did succeed in sponging the fauces and epiglottis. My failure, however, to pass into the larynx, was a sort of triumph to the nonbelievers. However, the child strangled, coughed, and discharged considerable ropy mucus. After a delay of some fifteen or twenty minutes, I secured the head of the child,

and made the attempt again; and what is *better*, I *succeeded well*. The little fellow strangled, coughed, and discharged a large quantity of thick ropy mucus, with patches or shreds of membrane, and in one minute was sensibly relieved. In ten minutes, the wheezing sound, in expiration, was gone. Then was my hour of triumph, and I made use of it. After waiting a half hour, I prescribed hyd. sub. mur., gr. i.; ipecac., gr. i.; opii., gr. $\frac{1}{8}$, every hour, and left for home.

It will be unnecessary to follow out the farther history of the treatment in this case, as detailed by Dr. M——. Topical, with the required general treatment, was continued for several days, and the patient recovered perfectly.

The history of these last cases have been given, not only as corroborative of the efficacy of the treatment, but to show, what has proved true in many other instances, that where intelligent medical men have made the attempt, earnestly, to medicate the larynx, their efforts have, in all cases, been successful.

It was our intention at the close of this paper to have submitted a detailed statement of the plan, both local and general, that we would advise to be pursued in the treatment of membranous croup. But the pages allotted us in the *Monthly*, have been already fully occupied. Besides, these views have been stated at length, in our work—"Observations on the Pathology of Croup, and its Treatment"—which has been several years before the medical public.* The accumulated experience furnished from

* With regard to the general treatment in the management of croup, we accord fully with Dr. Ware, in the propriety of avoiding, generally, "all reducing, depleting, and disturbing remedies." We would administer, as required, mild emetics, of ipecacuanha, or ipecac. and sulphate of zinc. Calomel alone, or in combination with Dover's powder, or opium, is frequently required, but never in *scruple doses* as it has been recommended to be given to young children, by some practitioners in this city. These remedies, together with the inhalation of the vapor of warm water, may be employed in the treatment of croup. But our main dependence, in all stages of the disease, should be on *cauterizations*. "This measure," says Prof. Wood, in his work on the "Practice of Medicine," "after an unsuccessful employment of other means, the practitioner would certainly be justified in resorting to." We would advocate its employment in the very access of the disease, as soon as the nature of the malady is ascertained. We have seen the disease repeatedly arrested in its formative stage, by a few prompt applications of the nitrate of silver to the fauces, and about the opening of the glottis.

After the inflammation has advanced, and the surfaces of the larynx have become involved in the disease, the argentine solution should not only be applied to the tonsils, and to the faucial region generally, but the applications must be extended into the laryngeal cavity.

If the exudations are not already formed into adventitious membrane, the employment of a few successive applications below the epiglottis may be sufficient to

the treatment of a large number of cases of croup, since the publication of that work, on the plan therein advocated, *without the loss of a single patient, in our own practice*, has confirmed us in the opinion of its efficacy over all other methods hitherto advanced, for the treatment of this terrible malady; and it has impressed us, with the full belief, that had the prejudice against topical medication not existed with the profession in this city —a prejudice, which we regret to add, has been excited, and fostered by some of our prominent medical men—and this method conjoined with *mild* constitutional remedies, had been generally adopted, in the treatment of those *six hundred and eighty* fatal cases of croup, which occurred during the last year, not one half of that number would have perished, at least from that disease of which they died.

Clinical Lectures on some of the principal Diseases of the Eye. Delivered at the New York Medical College, East 13th Street, May, 1854, by Isidor Glück, M. D., Cor. Fellow Med. Soc. of London.

CATARACT.

Gentlemen! You see in this juvenile patient a cataract in both eyes.

True cataract consists in partial or total opacity of the crystalline lens, of its capsule, or of both, with a corresponding diminution of sight.

Many theories have been advanced respecting the formation of cataract, but they are untenable; we are at a loss to conceive the manner in which it is formed, and know little of the nature and changes that produce the opacity. In many instances it cannot be accounted for. Pathology and physiology give no satisfactory elucidation of it. Mental depression, or circumstances tending to depress the constitutional powers, may predispose

arrest the plastic inflammation altogether. But even in a more advanced stage of the disease, when, from its continuance and the severity of the disease, we have reason to apprehend the formation of a false membrane, or a "tubular mould" throughout the larynx and trachea, we should not despair of removing the obstruction, or of arresting the inflammation.

When called, therefore, to a case of croup in this its second or developed stage of the disease—and unfortunately, it is not until this period of the affection that medical aid is resorted to, in a large proportion of the cases of croup—the local employment of the nitrate of silver, conjoined with other appropriate measures, should be entered upon at once.

An application may first be made to the tonsils, and about the opening of the glottis. After a delay of from fifteen minutes to an hour, the operation may be repeated, and the sponge wet with the solution should then be passed into the larynx. The cauterizations may be repeated once in two, four, or six hours, according to the effect produced and the intensity of the disease.

to its formation. Often it is hereditary or congenital, when it depends on an arrest of development. As an idiopathic affection, it is met with in infancy, when the opacity exists in the lens as well as in its capsule; or in advanced age, when it is in the lens. Sometimes, however, cataract is caused by a chronic inflammation or determination of blood to the eye, and takes place in consequence of an injury inflicted on it.

Cataract is usually formed slowly; it may require years, months, or weeks for its complete formation; or it may develop itself suddenly in a few days, or even in a few hours.

The opacity usually begins in the centre of the pupil, and extends to the circumference; consequently, light passes through the less dense circumference of the crystalline lens, and enables the patient to see the objects laterally when he cannot see them directly in front; for the very same reason, the mistiness which accompanies the early stage of cataract is greater in a bright than in a subdued light. Sometimes, however, the cataract begins at the circumference, and the patient is not even aware of its existence, until its progress impairs the sight.

The chief subjective symptom is impairment of vision, which manifests itself in different forms. The patient perceives objects as if surrounded by a mist or fog; these seem, sometimes, multiplied or distorted; the patient fancies that something intervenes between him and the object he looks at; the haziness or cloudiness increases gradually, according to the degree of the opacity. The cloudiness becomes, sometimes, denser and denser, until useful vision becomes destroyed; as in this boy, who merely recognises, as you observe, the presence or absence of light, the position of a window, or the shadow of a passer-by between himself and the sunshine, but can see nothing beyond that—in short, is totally blind.

You recollect, gentlemen, that I remarked to you, in demonstrating the anatomy of the eye, that at the different periods of life the crystalline lens is subject to natural alterations. In infancy, it is almost spherical, and softer than at any other period of maturer age; as the consistency of the lens increases, its form changes somewhat, and it presents a less spheroidal form; in the adult, it offers the form of a double-convex body, more convex behind than in front, and is denser than in youth. The colorless lens, I stated to you, also gains about the 30th—35th year a light yellowish tint, more visible in its nucleus, and extending towards its periphery, with advancing age, so much so as to offer the color of amber, penetrating deeply the pupil. In negroes, however, this yellowish tint occurs often earlier, and is more intense, without disturbing the function of vision. A deviation from these natural changes causes morbid appearances, which serve as symptoms of these different diseases peculiar to the lens and its capsule.

Divisions.—The most natural basis of division of cataract is its seat, and it is called, according to this, *lenticular*, *capsular*, or *capsulo-lenticular.*

Lenticular cataract is of frequent occurrence; more rare is a capsular one; the most frequent form is the capsulo-lenticular. The latter form you meet with in this instance; but, in order to recognise it, it is necessary that you should be acquainted with the peculiarities of the two other forms, namely, the lenticular and capsular, which, combined, produce the variety under our consideration.

Lenticular cataract presents, in general, the following *anatomical symptoms:* An opacity of a bluish white tint, varying from white to gray, or to the yellow color of amber, to green,* or, sometimes, even to brown; but generally uniform, or shading off from the centre to the circumference, without any sudden transition of one tint into another. The opacity appears dull to the naked eye, and, chiefly by the aid of the magnifying glass, presenting small points or opaque granules, which are formed by the molecules of the lens situated behind the anterior part of its capsule.

Physiological symptoms.—Sight more or less impaired, but always corresponding to the extent of the opacity; in the beginning, objects appear dim and misty; vision becomes gradually diminished, with the increasing extent of the opacity, until it is entirely abolished, but never so much that the light should not be perceived, or the shadow of an opaque body moved before the eyes of a patient thus affected.

* Iconographie Ophtalmologique, I. Sichel, 6 Livraison, 1852.

My teacher, Prof. Iager, of Vienna, has first described this form of cataract, and distinguished it from glaucoma. Subsequently, M. Sichel detailed it fully in his Traité de l'Ophtalmie.

I frequently met with similar cataracts in the Westminster Ophthalmic Hospital in London, where, among the great number of cataract patients annually received as inmates, almost every variety occurs. For the last four years I had the particular advantage of examining, and watching closely, the out and in patients of that hospital, under the care of Messrs. Guthrie, Hancock, and other friends attached, as surgeons, to it, to all of whom I am under great obligations for it. The number of out-patients seen there thrice a week ranges from 200 to 300, whereas 40 beds are reserved for the inmates.

The strict military order kept up by "old Guthrie," with youthful vigor and spirit, in his surgical staff, as well as in all the arrangements of the hospital, contributes much to the comfort of the patients, while it affords, on the other hand to pupils and visitors, ample opportunity of studying the great variety of eye diseases, of watching their treatment, and, above all, enables the pupils to judge for themselves, by the results, of the different methods of operating chosen and used by the ophthalmic surgeons attached to it. "Old Guthrie's" remarks, founded as they are on long experience, ingenuity, and originality, are both instructive and interesting. In his treatment, medical as well as surgical, he neither clings to old views nor does

Lenticular cataract is divided, according to its consistence, into *hard*, *soft*, and *liquid*.

Hard lenticular cataract consists in an opacity, varying in color from yellowish gray and steel gray* to the different tints of green and brown, darker in the centre, which first becomes opaque, and clears off in the circumference. A mixture of gray and amber, often with the prevalence of amber in the centre, is the ordinary characteristic appearance of a hard cataract. The intensity of the amber color may be so great as to offer a dark brown color. The darker its color, the slower its formation, and the longer it has existed, the greater is the probability of its being hard. In hard lenticular cataract the iris is not convex, but is plane on its anterior surface, and is the more distant from the cataract the harder the latter is. The shadow of the iris, thrown on the anterior capsule, is visible; the pupil is contracting and expanding according to the various degrees of light; the anterior surface of the lens is very distant from the iris; the pupillary margin is scarcely visible, chiefly if the iris is dark-colored.

The common firm cataract, with the yellowish centre, shaded off towards the periphery into a gray, is generally met with in individuals of an advanced age. Occasionally it occurs as an idiopathic cataract, without any previous change of the textures of the eye, the constitution being sound, and the affection restricted to the lens, which appears smaller than natural at a small distance from the unaffected capsule. Hard lenticular cataracts are often radiated; the opacity appears in streaks; deep radii shoot inwards from the circumference, the centre remaining transparent; sometimes the radii begin at the centre.

It is very easy to find a rational explanation of the varieties of the hard cataract, derived from their consistence and *decourse*, if we suppose that, in the complete lenticular cataract, the molecules forming the lens be all opaque, but that these molecules are not situated at an equal distance from each other, sometimes near and sometimes at a greater distance, and often grouped differently. If those molecules are very near and close to each other in the whole extent or in some parts of the lens, the opacity will be of a darker color, a greater number of opaque molecules being conglomerated in the same space, thus augmenting there the density of the lens.

Soft lenticular cataract offers a different aspect. If we consider the opaque particles of the lens to be at a greater distance from each other, and the interstices to be filled up with a fluid (morgagnien), (which, according to Bowman, does not exist in the healthy lens, but is to be considered as a

he embrace new ones without careful examination; pretended improvements, be it in instruments or in a mode of operating, he neither rejects nor receives, but delights in comparing both on a large scale before he lends his support to it or pronounces his veto upon it.

* I. O., Sichel.

morbid condition), what, according to Sichel, does take place in the soft cataract, and gives it a peculiar aspect, as if their substance should contain a fluid that enlarges them, we may infer by this condition.

The anatomical character of the soft lenticular cataract.

It presents a tint lighter than that of the opaque corpuscles, which are less numerous and accumulated in the same space, but separated by a transparent or semi-transparent fluid. The antero-posterior diameter is much longer than in the hard cataract, and almost as dense in its circumference as in its centre, hence the light color; it is of a whitish or whitish blue tint, milky, or uniform grayish white; an opacity equally marked in its periphery as in its centre, or more globulous than in the lenticular form, more convex than plane in its anterior surface, so much so that it protrudes, and is often visible in profile in the pupil. Soft cataract is of considerable volume, which, pressing upon the iris, pushes it forwards, diminishing thus the capacity of the chambers, hence the diminution or absence of the shadow of the iris, a smaller or greater dilatation of the pupil, slowness in the movements of the pupil, which may be so great as to simulate amaurosis, sometimes irregularities in the pupil; the pupillary margin (uvea) is much larger and more visible in consequence of its dark color contrasted on the light color of the opacity, which begins in the external layer of the lens.

Physiological symptoms of the soft cataract.

Vision is less impaired in subdued light; a rapid dilatation of the pupil being to a great extent impossible, and the circumference of the lens almost quite as thick as its centre; errors are often committed in forming the diagnosis, and often cataract is mistaken for a complication with amaurosis; chiefly if the patients can but distinguish light from darkness, and that not always readily, in consequence of the density of the opaque mass.

This form of cataract is common in infants and children: although rarely, it occurs sometimes in elderly persons.

Sichel distinguishes, also, *half hard* and *half soft* cataracts. He calls those *half hard* ones which are more or less voluminous, and have a hard centre, surrounded by a small quantity of soft, cortical substance; whereas he designates *half soft* cataracts those which, notwithstanding the great consistency of the nucleus, the great quantity of the external layers or cortical substance, show the symptoms of the soft cataract.

The opacity of the soft cataract begins always in the external layers or cortical substance of the lens, mostly in its anterior, sometimes on its posterior surface.

Congenital cataracts, due mostly to an arrest of development of the lens, are usually lenticular; they are mostly soft, or *half soft*, or fluid.

Fluid lenticular cataract.

Fluid or liquid cataract consists in a partial or complete liquefaction of the contents of the capsule. The most frequent form of it is the *Morgagnien.*

In all morgagnien cataracts the crystalline lens becomes first opaque, and afterwards softened by imbibition of the morgagnien fluid, and perhaps of the aqueous humor also,* which penetrates, by endosmose, the capsule, and becomes completely or incompletely liquified. It becomes converted into a flocculent matter, a part of which dissolves itself almost entirely in the interstitial fluid; whereas another part, which remains suspended in it during the movements of the eye, and renders it more opaque, settles in the bottom of the capsular cavity when the eye becomes steady, and allows the morgagnien fluid to become again transparent. At such a moment, when the eye is steady, it presents different appearances, according to the complete or incomplete fluidization of the lens. If a nucleus exists in it, it is green or greenish when hard, greenish gray or grayish when its contents are half hard. We will return to this form on another occasion, when we will revert to the views of Sichel and Wilde,† both of whom have lately contributed much to the history and study of the morgagnien cataract.

If you compare the varieties of the *lenticular* cataract just mentioned, you will find them to differ from each other in their anatomical and physiological symptoms, thus:—

Hard L. C.	*Soft L. C.*	*Fluid L. C.*
The *opacity* usually begins in the centre of the lens, and extends to its periphery, which remains mostly transparent, and accessible to light; it is of yellowish gray or steel gray color, varying to the different tints of green and brown.	The opacity begins in the external layer of the lens, towards its centre; spots of white or bluish white extend from the surface, which the latter divide in triangles, the circumference being impermeable to light.	Opacity advancing from the circumference to the centre.
The *size* of the lens being small, admits of the free movements of the iris, and being a little distant from the pupil, allows a shadow of the iris to fall upon the capsule.	The size of the lens being large, it protrudes the iris, impairs its movements.	*Idem.*
The posterior chamber appears large.	Abolishes the posterior chamber. The uveal ring of the iris is visible on the gray background.	
Vision better in subdued light; seldom entirely gone.	Sight entirely gone.	*Idem.*
Its development slow and equal.	Its development sometimes slow, sometimes rapid; usually unequal.	*Idem.*

* I. O., Sichel, 7me. Livraison, 278.

† Archives d'Ophtalmologie, October, 1853, p. 166.

Capsular cataract

Is rare; its frequency has been exaggerated by ophthalmic surgeons, who mistook spurious cataracts, or opacities situated on the periphery of the lens, for capsular cataracts. Malgaigne tried to show, by his numerous investigations of morbid lenses, and asserted,* that every opacity of the capsule disappears by washing and scraping it carefully. Sichel, however, has lately† proved the existence of a pathological change in the structure of the capsule itself; a capsular cataract is, therefore, beyond doubt. Sichel states in his instructive and splendid work,‡ that he has been aware of this fact for several years, but that he reserved its communication, with the exception of one case, § for this favorite publication.

Anatomical symptoms of capsular cataract.

Generally, it has a tint varying from bluish white, chalky, or pearly white, to gray, mixed sometimes with a slight yellowish tint. In the distribution of the opacity is a want of uniformity and regularity, the most abrupt transitions from one tint into another, of light into darker, are noticeable. The opacity often terminates abruptly, in half or complete transparency. The capsular cataract remains more often partial than the lenticular one: an examination, therefore, of the lens, as well as of the interior of the eye, is to a certain extent possible. The opacity is often limited to the centre of the capsule, where it forms a spot with irregular borders, which is sometimes rounded, sometimes square, and terminates abruptly. The opacity may begin on every point of the capsule; its surface is seldom smooth; it is almost always covered by spots, or streaks different in number and size, unequally divided, and more or less closely situated. They have different forms, and derive therefrom their names, as barred, striated, pointed, etc.

They produce thus small prominences, elevations on the surface of the capsule, which can be seen often laterally by the naked eye; sometimes they appear like folds, chiefly when looked at by a magnifying glass, sometimes they look like raised *plaques*, vegetations elevated (*cataractes vegetantes pyramidale*). The opacity is situated behind the pupil, and it is observable that it is in front of the lens, and not in the latter. Even by a magnifying power, it is no longer possible to discern the small points or

* "Prenez une capsule chez tel cataracté que vous voudrez: lavez-la avec precaution; vous la trouverez toujours aussi transparente que Dieu la faite."—*Gazette des Hôpitaux*, 1848, No. 140, p. 561.

† I. O., 8 Livraison.

‡ Now publishing in Livraisons, Ic. Opht., Sichel.

§ L'Esculape, 1841, No. 9, p. 10.

opaque granules formed in the lenticular cataract by the altered molecules of the lens.

Physiological Symptoms.—Vision is impaired according to the extent of the opacity, which is sometimes near the centre, sometimes near the periphery of the lens.

Theoretically, capsular cataract may be divided in *anterior*, *posterior*, and *antero-posterior*.

A more practical base of division is founded on the causes by which they are produced; they divide, therefore—

1. *In primary cataracts*, which develop themselves spontaneously, without a previous operation.

2. In *secondary cataracts* produced in consequence of operations. To this class belongs,

3. *Traumatic cataract*, produced by external injury.

In true capsular cataract, the opacity is situated in the parenchyma* of the capsule, and not only on its surface. The protuberance is constituted out of the membrane of the capsule which has lost its transparency, and is sometimes covered by the product of the exudation.

In this form of cataract, the opacity very likely commences in the posterior surface of the capsule, and alters the structure itself, extending sometimes to its anterior surface. Sichel, however, has observed rare cases where the opacity extended from the anterior surface, where it began, through the membrane to the posterior surface; sometimes, although rarely, he met with a capsule so opaque and thickened, that it was impossible to decide where the opacity began.

The posterior capsular cataract shows the same forms as the anterior, but is more rare, and more difficult to be recognised.

* N. B. Sichel mentions a case, I. O., 8 Liv., in which both eyes were affected with cataract, the left eye presented a lenticular one, the right eye a capsulo-lenticular cataract. During the operation of the capsulo-lenticular cataract, in the moment when he intended to perform the division of the capsule, the liquid (morgagnien) cataract has been expelled, together with the capsule surrounding it, in consequence of the contraction of the ocular muscles. The capsule showed to the naked eye, and by the aid of a magnifying glass, almost in the centre of the anterior surface an opaque elevation, wrinkled in its circumference, and surrounded by linear prolongations. On the posterior surface the opacity was concave, and filled with small white protuberances. Without touching the capsule with any instrument, he sent it to Dr. Richard for anatomical and microscopical investigation. Dr. R. examined it, together with Messrs. Broca and Ch. Robin, only after it had been macerated for a few days. In spite of this long maceration, which must have destroyed the superimposed plastic layers, the gentlemen could recognise in it the altered structure of the capsule, *i. e.*, the real cataract.

The antero-posterior is difficult to diagnosticate, because the opacity of the anterior part will prevent us from ascertaining the change in the posterior.

DIFFERENCE OF CATARACT.

Lenticular.	*Capsular.*
Opacity extending from the centre to the surface, or from the surface to the centre, without any previous inflammation.	Opacity extending on the surface of the crystalline lens, and formed sometimes in consequence of a previous inflammation.
Color gray, grayish green to green, or yellowish, often presenting the color of amber, spots often broken through by streaks, converging towards the centre and smooth.	Chalk white, or bluish white spots, formed by folds, showing rough prominences on the surface of the capsule.
The structure of the lens may become altered by degrees in the whole extent.	The capsular often remains stationary and limited.
Volume sometimes large as in the soft, sometimes small as in the hard form.	Volume small.
Iris movable or immovable, without adhering to the capsule.	It is seldom movable, often adherent.

Capsulo-lenticular Cataract.—The opacity resulting from the morbidly altered lens and capsule constitutes the capsulo-lenticular cataract. According to the prevalence of the change in the one or the other, the peculiarities characteristic of the one or the other may be more or less recognized; sometimes, however, the combination of both symptoms will produce new appearances. The different varieties, regarding the extent, form, color, and nature of the opacity situated in the lens, as well as in the capsule, will present manifold combinations.

Sometimes a chronic and almost insensible inflammation, or, at least, determination of blood to the eye, will cause a capsulo-lenticular cataract. The partially opaque capsule may include a hard lens, which may be recognised by its color and position. Sometimes the capsule, having been the seat of long-standing inflammation, is more or less thickened and indurated, containing a soft lens. In this patient you may recognise the bluish-white, milky color of the capsule in the right eye, and distinguish the chalky appearance of the capsule in the left eye. As you hear, his right eye was first attacked about two years ago, his left one twelve months later: behind the opacity, as you can see, through some half-transparent spots of the capsule of the right eye, is a cloudy, bluish-white mass, constituting the voluminous soft lens;* whereas, the almost uniform, white, streaked appearance of the right capsule does not permit you to distinguish much of the color of the lens.

The patient, however, being 13 years of age, you may infer the lens to be a soft one, besides the volume of the lens pushing forwards, as you see, in both eyes the iris, which appears convex in front, and thus prevents its

* Enlarged by fluid.

movements and retards them; further, the black pupillary margin, distinctly visible on the white and bluish-white background of the capsule, the absence of a posterior chamber, leave no doubt of its being a *capsulo-lenticular* cataract, containing a soft lens. His mother, as you hear, dates the beginning of this affection from the time his grandfather, to whom he was very much attached, died; whether this be a mere coincidence of circumstances, or the cause of his complaint, I cannot say; but I am inclined to believe that this melancholy occurrence may have contributed to the development of the cataract, if the mental depression he experienced at that time be not the cause of it. He asserts, as you hear, that dimness came on gradually without any pains, and increased until the sight of his right eye was gone; subsequently the left eye was affected, and now he can but just distinguish light from darkness. The pupil has been dilated by atropine, and you may see now the cataract in its extent.

Careful examination is required in order to recognise cataract in its early stages; many mistakes are made in this respect, and not seldom is amaurosis or glaucoma pronounced to exist, when a close investigation proves it to be a cataract in the earliest stage: such mistakes are sometimes made in consequence of a superficial examination, and on the other hand from want of knowledge and experience in recognising similar affections at the outset, when less defined.

The pathological changes being different in cataract, amaurosis, and glaucoma, and the treatment equally so, the necessity of distinguishing those diseases from each other is obvious.

Professor Sanson, to whom the credit is due for the application of the catoptrical test introduced by Purkinje, has contributed much to the means of diagnosticating and recognising those different affections.

The rays of light are partly transmitted through, partly reflected from, the cornea; when, therefore, a luminous body, for instance, a taper, is held before the eye, three reflections, or images, of it are formed. Although the more superficial one is familiar to everybody, still the deeper-seated ones require close observation, and are readily seen by some practice. You can see here distinctly the three images of the taper I hold before the eye of Dr. ———. The two erect images, you observe, are formed on the cornea and the anterior convex part of the capsule, and move in the direction I move the taper; whereas the smaller and inverted image moves in the opposite direction, between the two erect ones; the smaller and inverted image, being formed on the concave surface of the posterior capsule, is visible anterior to the second erect one, which is paler and somewhat larger, on account of its being seen through the cornea and aqueous humor; the inverted image appears much more diminished. The images will thus appear in the healthy eye.

If there exists any morbid change on or in the capsule, the lens, or vitreous humor, the images of the taper, chiefly the two posterior ones, will appear misshapen, broken up, and dispersed into an indefinite, pallid blaze; from the absence, therefore, or less complete appearance of the images, you may infer a proportionate opacity to exist in the respective surfaces. You may convince yourselves of this fact by looking into the dilated pupils of this cataract patient, you may distinguish the anterior, erect image of this taper reflected by the cornea, but neither is the second nor the third image visible; other symptoms have induced us to determine this cataract to be a capsulo-lenticular one; but you may meet with less-developed opacities of the lens, where this catoptrical test may be of some value in the determination of the affection.

In glaucomatous eyes you will also find a deviation from the normal reflection in the healthy eye.

I. In the incipient stage of glaucoma, the deep, erect image, and the inverted one, is visible, although the outline of the deep, erect one remains sharp; still, its size is larger and brighter than that in the healthy eye.

II. In the second degree of glaucoma, the inverted image is distinct in the circumferential part of it, and becomes less so, and sometimes even entirely extinguished, in the centre of the lens, chiefly if there coëxists a lenticular opacity.

In the III. and IV. degree the deep erect image is larger and better seen than in the healthy eye. If you look into the glaucomatous eye of this woman, you will recognise, without difficulty, the second inverted image of the taper I hold before it, and if you compare it with the image formed in the capsule of the healthy eye of this lad, you will find it much larger in size, although blazing and less defined. The sea-green color situated deep behind the lens and visible only in front, and not from the side; further, the morbid alteration of the choroidea, whose transparent, tortuous, and enlarged vessels appear through the sclerotica; and the complaint of violent pains over the eyebrows,—leave no doubt of its glaucomatous character.

Hays, of Philadelphia, whose sound judgment and great experience as an ophthalmic surgeon, entitle him to the reputation he enjoys as such, in this country as well as on the European continent, bears testimony to the efficacy of this catoptric test, and adduces, in his instructive additional notes to Lawrence's Treatise on the Diseases of the Eye, two interesting cases, in both of which he was enabled to form a correct diagnosis only by the use of this test.

However, this test, although valuable, is not sufficient to guide the

ophthalmic surgeon in determining the morbid alterations of the interior parts of the eye, various contrivances have been made to examine the interior of the eye, all of them are founded on the principle of throwing reflected light through the pupil in its interior.

Of the specula you see here, this one was invented by Helmholtz, and this by Coccius, of Leipsic. Dr. Klaunig, of Leipsic, has lately introduced a more practical one. With their construction and use I will make you acquainted in the next lecture.

Aneurism of the Aorta, bursting into the Pericardium. By D. S. CONANT, M. D., Demonstrator of Anatomy in the New York Medical College.

In the March No. of the London Lancet, page 236, will be found a report with the foregoing title, made by William Henry Bellot, F. R. C. S. E., Surgeon to the First Regiment Chelsea Militia. During the past winter I made a postmortem examination for Dr. S. P. White, and found the pathological condition of the organ implicated, to correspond so nearly with the description given by Mr. Bellot, that I thought a detail of the case might not be altogether uninteresting to the readers of the MONTHLY.

I made the autopsy on the 23rd day of January, 1854, nineteen hours after death, assisted by Dr. White, Prof. Peaslee, and Dr. J. S. Owen, and in the presence of other gentlemen of the profession.

The subject had been a merchant of this city, fifty-four years of age, weighing about 180 lbs. He had always been extremely moderate as to his diet, and had never taken much exercise. In 1824, he suffered from a very severe attack of inflammatory rheumatism, and experienced a slight recurrence in the spring following; but was free from the disease until some four or five years since, when he had an attack of rheumatic gout in the hands, feet, neck, and stomach: the pain changing its location from one to the other of these different points.

For the past two years he has been entirely free from all these pains, but has complained of uneasiness about the heart, which seemed to indicate merely a change in the location of the disease. At first the paroxysms were not frequent, but gradually increased in frequency until he would have three or four in the course of a week, and generally occurring in the evening. During the last two or three months of his life, they increased very much in violence, as well as frequency. He also complained of pain resembling colic, in the stomach, which was attended with nausea, and followed by considerable tenderness in the epigastric region, which always left him very much prostrated. His nights became more and more sleepless, and he often spoke of a suffocating feeling which awoke him, and

from which he found relief in getting up and walking the room. When attacked with nausea he expectorated a quantity of frothy matter, occasionally tinged with blood. At the commencement of his severe attacks the face became quite livid, the natural color gradually returning. These paroxysms were also accompanied with numbness of the left arm.

On the evening of his death, he was in the parlor, with his wife and friends, when suddenly, while laughing, he coughed once or twice, sprung for the window, and dropped dead.

Autopsy. Upon opening the thorax the lungs were found to be healthy, with no pleuritic adhesions of any account. The pericardium seemed to lie directly upon the heart; but upon carefully cutting through the membrane, the serum spirted from the first small opening made, to a distance of several inches: showing that there was considerable pressure within the pericardium, which accounts for our not detecting the fluid before opening it. The heart was completely enveloped in a coagulum, which, when removed, together with the serum, measured twenty-two ounces. Upon examining the aorta, we found an aneurismal sac about the size of a very large lemon, oval in shape, extending from the aortic valves to the origin of the left subclavian artery. The coats of the sac internally, as well as of the thoracic aorta, and the commencement of the branches of the arch, were completely infiltrated with atheromatous deposit. After considerable search the opening was found, which was about three-eighths of an inch long, and at right angles with the course of the blood, communicating with the pericardium, about an inch and a quarter from the aortic valves, just as the aorta rises above the right auricle, the auricular appendage to the right auricle acting as a valve to the opening. Hence the great pressure within the pericardium, without regurgitation into the aneurismal sac. In fact, I look upon this pressure as the direct cause of death, preventing, as it would, entirely, the diastole of the heart. The heart, together with the aneurismal sac, weighed twenty-eight ounces and a-half, the walls of the left ventricle were about three-fourths of an inch in thickness, and the septum between the ventricles about seven-eighths. The normal weight of the heart and the aorta to the left subclavian, would not be more than ten ounces. Hence we have in this case almost three times the normal size of the organ, showing that the disease must have been of long standing, and the coats of the aorta thick and resisting. The stomach was of normal size; but the mucous membrane was somewhat softened, and presented a peculiar, mottled appearance, such as I have never seen before. What this appearance was owing to, I am not able to say.

176 *Third Avenue.*

PART II.—REVIEWS AND BIBLIOGRAPHY.

Prize Essay on the Use and Abuse of Alcoholic Liquors, in Health and Disease. By WM. B. CARPENTER, M. D., F. R. S. With a Preface, by D. F. CONDIE, M. D., &c. Blanchard & Lea, 1853. 1 vol. duodecimo, pp. 178.

This volume contains the conclusions arrived at by one of the most distinguished of living physiologists, in respect to the effects of alcoholic liquors in health and disease; and, as such, demands the attentive consideration of all medical men. The author has never allied himself with any Temperance Society, so called; has treated the subject as one of "purely scientific inquiry; and has avoided mixing up any other considerations with those which presented themselves to him as a physiologist and a physician."

We are therefore bound, as medical men, to examine his conclusions without prejudice, and in the scientific spirit in which they are proposed.

It was the condition imposed by the donor of the prize, that the Essay should contain answers to the following questions:

"1st. What are the effects, corporeal and mental, of alcoholic liquors on the healthy human system?"

"2d. Does physiology or experience teach us that alcoholic liquors should form part of the ordinary sustenance of man, particularly under circumstances of exposure to severe labor, or to extremes of temperature? Or, on the other hand, is there reason for believing that such use of them is not sanctioned by the principles of science, or the results of practical observation?"

"3d. Are there any special modifications of the bodily or mental condition of man, short of actual disease, in which the occasional or habitual use of alcoholic liquors may be necessary or beneficial?"

"4th. Is the employment of alcoholic liquors necessary in the practice of medicine? If so, in what diseases, or in what forms and stages of disease, is the use of them necessary or beneficial?"

These questions implying a full consideration of the ordinary use of alcoholic liquors, as well as their medical administration, the author has answered them in the order just given, devoting a chapter to each.

I. In the first chapter, on the effects of alcohol upon the healthy human body—he discusses its effects in corrugating the tissues, coagulating albu-

men, in impairing the solidifiability of fibrine, in producing irritation of the living tissues, in causing a temporary exaltation of the nervous power; and in respect to the changes it produces in the red corpuscles of the blood.

2. He then considers the effects of alcohol on the system at large; giving the phenomena of alcoholic intoxication; the symptoms, and the post-mortem appearances, of alcoholic poisoning; and the pathology of intoxi cation.

3. In the 3d section, we find an account of the diseases produced by the excessive use of alcoholic liquors. Those of the *nervous system* are, delirium tremens and ebriosum, insanity, oinomania, mental debility in the offspring, inflammatory diseases of the brain, apoplexy, paralysis, and epilepsy. Of diseases of the *alimentary canal*, the author mentions irritation and inflammation of the stomach, dyspepsia, and disorders of the mucous membrane of the intestines. Diseases of the liver, skin, and kidneys, are also thus produced. General disorders of nutrition are also specified, as a tendency to deposition of fat; diminished power of sustaining injuries by disease or accident; liability to epidemic diseases; gout and rheumatism, and diseases of the heart and arteries.

4. The general effect of the excessive use of alcoholic liquors in shortening the duration of life, is proved by the foregoing list of diseases thus produced; but more directly, also, by the experience of life insurance offices, and by statistics respecting the natives and the Europeans in the Indian Army. "No life insurance office will accept an insurance on an individual whose habits are known to be intemperate; and if it be discovered, after his death, that he has been accustomed to the excessive use of alcoholic liquors, contrary to his statement in his proposal for insurance, the policy is declared void." (pp. 71, 2.) It appears that nearly three times as much sickness occurs among those soldiers serving in India who are not, as among those who are, members of temperance societies.

II. In the second chapter, the author shows that the power of endurance of bodily and mental exertion is diminished by alcoholic liquors. The effect of abstinence in sustaining the mental powers, has been well illustrated in his own case; he having performed an astonishing amount of labor as an author and physician, for several years past; and having been in a better condition without alcoholic drinks than when using them sparingly.

The power of enduring cold and heat, and of resisting morbific agencies, is also shown not to be increased by these liquors, as is generally, but erroneously, asserted by those addicted to their use. They produce a *temporary* augmentation of temperature, if taken into the stomach while fasting; but it is shown that a meal of wholesome food, containing some proportion

of oleaginous elements, has still greater and far more permanent calorific effects.

The last section in this chapter discusses the consequences of the habitual "moderate" use of alcoholic drinks. Speaking of its effects on the general system and excretory organs, he holds the following language:

> If the natural appetite be already good enough to give a relish to the food which the system requires, can the artificial production of an increased appetite be necessary or desirable? And if the stomach be already capable of digesting and preparing as much nutriment as is required to keep up the solids of the blood to their proper amount, can any but prejudicial consequences result from forcing it to dispose of more? (pp. 123, 4.)

Every educated medical man must, of course, feel bound to answer these questions in the negative. And no such man can avoid the conclusion at which Dr. Carpenter arrives, after considering these effects upon the stomach, the nervous system, the circulation, and nutrition, that "the habitual use of alcoholic liquors, in moderate, or even in small quantities, is not merely unnecessary for the maintenance of bodily and mental vigor, but is even unfavorable to the permanent enjoyment of health, even though it may for a time appear to contribute to it." (p. 137.)

We especially commend *this* part of the work to those of our profession, who, by their example, encourage the habitual use of this class of beverages; since we have never met with a professional brother who himself used them otherwise than "*moderately*."

III. In the third chapter, the author considers the third question, before mentioned. He admits that, in some emergencies, and where a single great effort is to be made, alcohol may prove a stimulus capable of aiding in securing the result. That its use is not, however, the best method of securing the result, in such cases, is shown to be the general fact. The secondary injurious effects are also experienced in these, as well as in other circumstances. The author does not deny that in some exceptional cases of debility of the stomach, or other weakness in old age, some benefit may be permanently derived from alcoholic drinks in small quantity; but states the impossibility of deciding, *a priori*, in favor of such a practice in any given case, and warns against the danger of adopting it.

IV. The author answers the 4th question in the affirmative; and in the fourth chapter mentions the morbid conditions in which alcoholic drinks may be administered *medicinally*.

We think his conclusions generally correct in this chapter; though we might, in some instances, adopt other remedies instead, to accomplish the same object. But we can hardly conceive any conscientious practitioner to be in danger of running into excessive alcoholic medication, who pos-

sesses the knowledge of the effects of alcohol upon the living organism which Dr. Carpenter has communicated in the three preceding chapters; since he would feel bound to exercise the same care in the discriminating selection of the appropriate cases for its use, "as would be taken by the conscientious practitioner in regard to the administration of any other powerful remedy, which is poisonous in large doses."

Nor do we, as medical men, see any way of escape—if any are inclined to do so—from the following *practical* conclusion.

> Consequently it is the duty of the medical practitioner to discourage, as much as possible, the *habitual* use of alcoholic liquors, in however "moderate" a quantity, by all persons in ordinary health; and to seek to remedy those slight departures from health, which result from the "wear and tear" of active life, by the means which shall the most directly remove or antagonize their causes, instead of by such as merely palliate their effects. (p. 19.)

And "no medical man can any longer plead the *singularity* of the total abstinence creed, as an excuse for the non-recognition of it; and although a certain amount of moral courage may be needed for the advocacy and the practice of it, yet this is an attribute in which the Author cannot for a moment believe his brethren to be deficient." And a certificate, recognising the duty of total abstinence, had actually been signed, three years ago, by upwards of two thousand British physicians of "all grades and degrees, from the court physician, and leading metropolitan surgeons, who are conversant with the wants of the upper ranks of society, to the country practitioner, who is familiar with the requirements of the artizan in the workshop, and the laborer in the field."

In our own country, medical men have taken the lead in advocating this principle; and we do not perceive that any moral courage is necessary in continuing such efforts, and inculcating such principles, in connection with this important subject, which some of the fathers in the profession years ago commenced, and showed it to be our duty to inculcate. On the other hand, it implies an ignorance of the subject, unpardonable at the present day, to deny the advantages of total abstinence to all persons in health—whatever our own habits in this respect may be. We hope every medical man, who still makes such a denial, will lose no time before perusing this work.

Dr. Condie has rendered the work intelligible to the general reader, by the definitions of the technical terms, which he has added at the bottom of each page.

We therefore unqualifiedly recommend the work to all who would acquire a knowledge of the ruinous effects of alcoholic drinks upon the physical, intellectual, and moral energies of the human organism.

E. R. P.

Essay on the Mechanism and Management of Parturition, in the Shoulder Presentation. By WM. BOLING, M. D., of Montgomery, Ala.

We believe it was Sidney Smith who said that a reviewer ought not to read the book which he is to review, because it might prejudice him. We have read and re-read this essay, and find it worthy of something more than a mere notice. We shall give a full review of it in our next number.

B. F. B.

Professional Letters from Europe, written during the summer of 1852, by the ASSISTANT EDITOR of the Nashville Medical and Surgical Journal.

These letters, by Prof. Paul F. Eve, were written during the summer of 1852, and published at the time in the Nashville Journal. They have now been republished in a pamphlet, for the "new subscribers" of this Journal. We think the "new subscribers" of this excellent and spirited Journal will get the full worth of their money without this additional attraction. In forty-five pages, Prof. Eve gives a vast deal of interesting information, to those who are familiar with the ground, as well as those who are not, and this, too, in a most agreeable and lively style. We are tempted to quote freely for our journal, but we must content ourselves with the following extracts:

Cause of Goitre.

This subject has claimed the attention of the Sardinian, the Swiss, and French governments, and reports have recently been made by commissioners, leading to some interesting sanitary conclusions regarding the prevention of goitre. The most important of these is the one laid before the authorities of France. In this *republic!* (empire to-day, and no one can tell what it may be to-morrow) there are 450,000 goitred subjects, and about 35,000 cretins. The first conclusion arrived at by the commission is, that this affection "depends on the presence of magnesia in the food or drink, joined with the absence of a sufficient quantity of iodine to serve as an antidote." They declare these two conditions essential to the development of the disease.

In every locality where bronchocele prevailed, *magnesia* also abounded; and there are certain districts, where young men, to escape the conscription, produced this deformity by drinking large quantities of magnesian water. By substituting rain water for that of the locality, it completely disappeared. Another important fact is, that the introduction of a certain portion of iodine into the system, either in food or drink, acts as a preventive to goitre. By adding hydriodate of potash to the daily nourishment of the inhabitants, the affection has been banished at the end of a few months. The annual expense of about 1,500 dollars for iodine, it is calculated, if properly distributed, will absolutely prevent the future development of goitre in France.

In confirmation of the views of these reports, the fact may be mentioned, that at Geneva, strangers are invited to visit the commingling of the waters of the Rhone and Arn, just below that city. The color of one is blue, the other *whitish*. The river Arn has its source at the *Mere de Glace*, near Mont Blanc, and runs through the most thorough *magnesian* formation I have ever seen; and in its valley goitre prevails to an almost incredible extent. Another recent fact may be given: the inhabitants of a certain village hitherto exempt from goitre, became affected with this deformity. A factory having been erected near it, the mountain stream which had supplied them with water, was diverted from its natural course to become its motive power. Wells were now resorted to; goitre at once commenced. The running water was again brought into the village, and it disappeared. An analysis of this local water proved it contained magnesia.

The results above mentioned by the commissioners appointed by these governments are highly interesting, and if confirmed by future observation, will redound to the credit of our noble profession, and exemplify her triumphs over death, disease and deformity.

Visit to Professor Simpson, the Introducer of Chloroform.

I have had the enviable privilege not only of making his acquaintance, but have seen him *operate after administering chloroform*. Having visited the Edinburgh University, then Herriot's, Dawson's, and Donaldson's magnificent hospitals, each of these founded by the munificence of individuals bearing these respective names, I next sallied forth to call upon Professors Miller and Simpson. The first-mentioned was out of town, but the latter I found in the midst of his patients. He promptly acknowledged my feeble contributions to the early introduction of his special anæsthetic agent in our country, and invited me into his private operating room, to reach which we had to pass through *two stories of women*, in attendance upon the consultation of the Doctor. There were three other professional gentlemen with him; one, Prof. Retsius, of Stockholm, Sweden. He is the professor of Obstetrics, and is brother to the distinguished professor of Anatomy. He, too, had come to visit the great Scotchman, who has the honor of having given to the world the best of all anæsthetic agents.

Amenorrhœa—one certain emmenagogue.

Professor S. has just operated upon a case, that of cupping directly the uterus for amenorrhœa. The fluid extracted was subjected to the microscope, and exhibited *blood*-corpuscles as well as those of epithelial cells in the mucus. This method to bring on menstruation is resorted to when other means have failed, and is only adapted to a certain number of cases. A stem pessary he also frequently employs, composed for this particular purpose of two metals, say zinc and copper, or silver, so as to excite galvanic action. These instruments are generally made of German silver, are of oval shape, of about one and a-half by two and a-half inches in size, and from their centre projects, at a right angle, a stem of two inches in length. To introduce this pessary, the stem is placed flat upon the body of the instrument passed into the womb, and then by a spring maintains its posi-

tion in this organ, while the whole is retained in the upper portion of the vagina. I saw one removed that had been worn ten months without inconvenience, but on the contrary, with advantage. No difficulty is experienced in wearing them. Should the ordinary treatment for amenorrhœa fail, and galvanism produce no effect when applied as described, then, as the *dernier resort*, a long catheter is introduced into the womb, and a suction pump adapted to its external extremity. This is the direct cupping of the uterus, and is surely one certain emmenagogue. Of course, if the ovaries are at fault, nothing can re-establish menstruation; hence I have stated this heroic measure, the immediate action upon the womb itself must be applicable to only a limited number of cases. The sudden congestion of this organ by this means must often result in the irruption of the menses, and may be added to our means to effect this end.

Retro-version and retro-flexion of the uterus.

For these, Dr. Simpson relies on his stem-pessary. In a case just arrived from Aberdeen, the patient was placed deeply under the influence of chloroform, the misplacement clearly ascertained, and as the os tincæ would not admit the stem, it was freely incised in opposite directions. The patient was to return in a few days to have a pessary adapted to her case. I was much surprised at these bold operations upon the womb, and they go far to establish the position of Jobert, of Paris, that the os tincæ is insensible. The instrument of Prof. S. for stricture of these parts resembles the lithotome caché, the handle being much longer.

False Conception—Is readily detected by the relaxation produced in the abdominal muscles from the effects of chloroform.

Prof. Simpson's mode of administering Chloroform.

He poured on a towel about half an ounce of this fluid, and applied it closely to the nose and mouth of the patient. It was there retained, say about two or four minutes, until the patient had passed into stertorous breathing. Indeed, it seemed to be recklessly administered, so obviously was confidence placed in its harmlessness.

Everything that I saw of Prof. S. during this brief visit, impressed me with the sound philosophy and great worth of the man. He is in my estimation justly entitled to all the honors bestowed upon him by his professional brethren throughout the world, and has conferred an inestimable boon on suffering humanity. To him, and to him alone, belongs all the praise of introducing the best anæsthetic yet known in the practice of the healing art.

Prof. Simpson is about fifty years old, is a short, stout built man, with broad shoulders, short neck and large head, covered with a profusion of dark colored hair, which he wears quite long. It was 4 P. M., when I called upon him, and found his house then thronged with female patients, not less than sixty, I should think.

I find Prof. Channing, of Boston, also visited Edinburgh about this time, and sets down the number of patients he saw at Prof. Simpson's at ninety.

PART III.—CHRONICLE OF MEDICAL PROGRESS.

[The abstracts and translations found under this title are made expressly for the AMERICAN MEDICAL MONTHLY.]

Histological Researches made upon the corpse of a suicide. By A. KÖLLIKER.

The corpse of a young female found in the Maine, whose internal organs were yet very fresh and well preserved, gave the author an opportunity for the following investigations.

The smooth, that is, not mamelonnated, gastric, mucous membrane, was of a lively gray-red to a rose-red color, with the exception of two strips at the cardia and pylorus, at the latter of which the epithelium was also still preserved; of the glands of the stomach, the author could distinguish three forms tolerably definite:

1. *Simple follicular glands with stomach cells.*—They are the most frequent, and are found in the middle zone, of a lively, red color; although they not very rarely exhibit short blind dependencies, and divisions at their blind extremity, yet by far the greater number of them are simple; botryoid glands do not occur at all in this region. The follicles never contain cylinder epithelium, but stomach cells.

2. *Compound follicular glands with stomach cells*, at the small, pale cardiac zone. The author describes these as beginning with a passage destitute of cylinders, from 0.04 to 0.08 of a line in length, and 0.03 to 0.04 in breadth, which almost as from one point divide at first into two or three, and then into from four to seven, tolerably equal, long, cylindric follicles, filled or lined with stomach cells (Labzellen).* Their terminal follicles also often show numerous simple diverticula, and in the stomach cells often small, fat globules. Together with these glands are found also, but in smaller number, simple, but nowhere acinous glands.

3. *Compound follicular glands, with cylinder epithelium*, at the pyloric zone; like the previous form, except the greater follicles and the want of stomach cells. Here, also, are no genuine botryoid glands, as Ecker maintains.

With Donders, the author divides the glands of the human stomach into two species; those secreting the gastric juice and mucous glands. Between the first he found, perpendicularly ascending, bundles of contractible fibre cells; but no circular or spiral fibre cells, as Ecker found.

* See Editorial Comment.

In the *intestine*, the muscular fibres, especially of the broader villi, were to be seen very evident and beautiful; they extended from these into the depth of the mucous membrane, and were in direct relation with its muscular couch. The little nuclei of the villous parenchyma, although many of them are entirely free, the author is inclined to dispose (with Virchow) in small, round cells, which may be transformed to pigment cells. The chyliferous vessels of the villi could not be recognized; in the well-preserved epithelial cells, no openings were to be discovered, although Brücke has of late asserted them to be constant. The contents of the cylinder cells of the intestine is mucus. In the solitary follicles of the large intestine, as well as in Peyer's patches, the author could demonstrate a very beautiful capillary net-work.

In the extremely well-preserved *spleen*, the author discovered, what he had hitherto succeeded in doing only in cats, the presence of blood-vessels within the splenic vesicles. From these observations, however, he cannot as yet determine a connection of the Malpighian corpuscles with lymph vessels. The peculiar, fusiform cells of the pulp, compared by him originally with muscular fibres, appeared mostly with laterally-adhering nuclei, and indeed in an increasing manner upon the decomposition of the organ. It seems, therefore, probable to the author, that these belong to the vascular epithelium (Günsburg). Blood-corpuscles containing cells, altered free blood-corpuscles, and extravasated blood of any considerable amount, were not perceptible in the splenic pulp. The venous blood of the spleen contained many small, uni-nucleated cells, not larger than blood globules. In this examination, Kölliker found no further ground for his well-known hypothesis, viz. that the blood-corpuscles are destroyed in the spleen—from the frequent presence in the pulp of blood-corpuscles in process of decomposition.

The *tonsils* and *mucous envelopes of the tongue* appeared also to contain vessels in the interior of their follicles.

The more exact examination of the *genitals* was referred to Prof. H. Müller.—*Schmidt's Jahrbücher, Feb.*, 1854.

PATHOLOGY.

Contributions to the knowledge of tumors within the cranium.

Dr. N. Friedrich, of Würzburg, in a very valuable paper, gives the details of eleven cases of tumors within the cranium observed by himself, clearing up much of the obscurity in this part of cerebral pathology. The history of each case is accompanied by the *post-mortem* results, and by a

clear and intelligible epicriticism. In the second part of the paper he sets forth the well-known, manifold differences of symptoms which cerebral tumors and pathological conditions within the cranium usually determine. The causes of this great variableness the author places partly in the locality of the disease (according as this attacks more or less important parts), partly in the time of duration within which the tumor is developed (since smaller but rapidly-growing tumors for the most part call forth more violent phenomena, than larger but slowly-increasing ones); partly, also, to the account of individual peculiarities (greater or less excitability of the patient, &c.). In order to determine more exactly the frequency and the diagnostic value of the particular symptoms occurring in consequence of tumors within the skull, the author selected from medical literature, thirty-four cases which had not hitherto been applied to similar comparisons; and from these, together with ten of his own cases, derived the following results:

1. *Disturbances of Sensibility.*—Headache is the most constant symptom of cerebral tumors, and commences mostly in the earliest periods of the disease. Out of the above forty-four cases it existed generally thirty-eight times, and once as the most prominent symptom; it was wanting in only six cases, and in two of these the tumor was symptomless. For the most part (twenty-four times out of thirty-eight cases) headache was the initiatory symptom of the disease, and continued isolated in eighteen cases, until the occurrence of new phenomena; and in six cases remained the only important symptom until death. In ten cases, headache was present from the beginning, but other symptoms also existed simultaneously. Only four times the headache first came on in the course of the disease (three times subsequent to giddiness, once to disturbances of vision). Out of the eighteen cases in which the headache existed isolatedly until the occurrence of new phenomena, three times it continued alone for six months, fifteen times during various periods (six weeks to ten years). The headache was mostly intermittent and paroxysmal, rarely continuously remitting, only in a few cases continuous. Sometimes the intermitting headache was repeated in typical paroxysms. Its quality was various. Its exacerbations occurred sometimes in different positions of the body, from strong movements, from constipation, before menstruation, from change of weather. Sometimes it was in the beginning more general, and afterwards became concentrated upon a definite point of the skull; sometimes it wandered. In rare cases, two distinct points of pain were indicated upon the skull. The seat of the pain in the head possesses only limited value for the diagnosis of the seat of the new formation; frontal headache, however, appears in general to accompany tumors of the base, whilst occipital headache and pain in the neck appear most frequently to attend tumors of the cerebellum and posterior

lobes of the cerebrum. From cephalalgia of one side, we cannot with certainty, but may with probability, conclude upon a tumor of the cerebral hemisphere of the same side. The causes of the headache existing in the beginning of the disease, produce disturbances of the normal nutritive processes of the nervous substance; later, the neoplasm itself has its effect upon the origin of the headache, from gradual increase of size. *Giddiness* was sometimes first associated with paroxysms of headache, at other times it existed as the first symptom in the place of headache, and in paroxysms throughout a longer period. The remaining disturbances of sensibility, titillation, formication, and numbness of greater or smaller portions of the body, mostly with succeeding anæsthesia, pains which afterwards were also either followed by simple anæsthesia, or the so-called anæsthesia dolorosa, &c., have less symptomic value. Sometimes the increased sensibility of parts extended from above downwards. In those cases where the sensibility of one half of the face was impaired, a tumor was not unfrequently found at the base of the cerebrum, which pressed immediately upon the trunk of the trigeminus: simultaneous disturbances of the motor part of this nerve were but seldom present in such cases.

2. *Disturbances of motility* existed thirty-one times out of forty-four cases; sometimes only in one or the other form; mostly, however, the particular forms were combined in a manifold manner.

a. Paralytic conditions were found in the most different degrees; from slight heaviness of motion to complete paralysis. For the most part, the latter arose gradually out of the former; paralysis but seldom occurred suddenly, and then other cerebral disturbances always preceded it. The paralysis continued limited to one half of the body in fourteen cases, and but rarely (four times) attacked both sides. In three cases in which tumors were found at the base of the brain, complete paraplegia existed. Several times an oscillatory, increasing paralysis was observed. When hemiplegia was developed gradually, it progressed from above downwards in all the cases described in detail, so that first the arm then the foot became paralytic. Paralysis of one side of the face occurred mostly earlier, at times, however, later, than that of the extremities. Twice, the side of the face and the upper extremity of the same side were paralysed; once, facial paralysis of one side was connected with paralysis of the lower extremity. One-half of the face and the extremities of the other side are paralysed, especially from tumors upon one side of the base of the brain, and then in almost all cases the extremities of the side opposite the neoplasm. In those cases where the face and extremities of the same half of the body were paralysed, the tumor was usually seated within the hemispheres; sometimes upon the same side with the hemiplegia, sometimes upon the opposite. The articulating *movements of the tongue* were impaired in twelve cases. In six cases, the protruded

tongue took an oblique position; three times this coincided with paralysis of the hypoglossus. Once the oblique position of the tongue upon protrusion had already existed a long time, and afterwards came on disturbances in the articulation of words; once the reverse of this took place; once the tongue was distorted without the cavity of the mouth, but not accompanied by disturbance of speech. In those cases where, in consequence of paralysis of the hypoglossus, the protruded tongue assumed an anomalous position, its point was always directed towards that side upon which the facial, and in general also other cerebral nerves, were paralysed. The position which the tongue takes within the buccal cavity from paralysis of the hypoglossus, and that which it assumes upon protrusion, have different causes. The first position, in which the base of the tongue stands deeper in the buccal cavity upon the paralysed side, is dependent upon a paralysis of the nervous branches going to the M. styloglossus and hyoglossus given off from the hypoglossus; perhaps, also, at times, of those of the M. styloglossus alone. Those cases, on the other hand, in which the tongue lies straight within the buccal cavity, but upon protrusion deviates with its point towards the paralysed side, have their origin in an isolated paralysis of the branch of the hypoglossus going to the M. genioglossus. Both conditions may occur isolatedly, but are frequently combined. The position of the *uvula* was not mentioned in most of the cases. In his own cases in which there was facial paralysis, the author found it sometimes directed towards the paralysed, sometimes towards the unparalysed side. The mechanism of the first and most frequent condition, the author cannot in any manner explain; the direction of the uvula towards the sound side may depend upon the unilateral action of the muscles of the velum palati. In central facial paralysis, the uvula not seldom retains the normal position. In facial paralysis, the existing or wanting participation of the uvula furnishes no diagnostic criterion of either central or peripheric paralysis. The author further asserts that the positions of the soft palate are not in all cases diverted by paralysis of the facialis; but that, moreover, the motory fibres of the third branch of the trigeminus, the vagus, the glosso-pharyngeus, and the accessory of Willis, have also their influence upon them. Besides, we find at times in the healthy an oblique position of the uvula, which depends upon a tough mucus which is found in the angle where the uvula and anterior palatal arch unite, but which disappears after some respiratory movement or effort of coughing made by the individual. A paralysis of the *muscles of deglutition* was found in seven, of the *sphincters of the bladder and rectum* in eleven cases. All these paralyses occurred for the most part in the last stages of life. Only once a relaxation of the sphincters existed alone without other paralytic phenomena. The remaining disturbances of motility

(convulsions, contractions, rigidities), were present twenty-three times in the forty four cases.

b. Convulsions were at times almost the only symptom of cerebral lesion. They sometimes existed only as slight startings of one extremity or side of the face, sometimes they extended over one half of the body, sometimes over the whole body. They always occurred in paroxysms, at first with greater, afterwards with lesser intervals. They occurred sometimes without motory paralyses, sometimes with them, sometimes they preceded the latter. Sometimes they attacked the paralysed, sometimes the sound side of the body, sometimes they progressed from the former or the latter to the other side, and became general. Convulsions have their origin sometimes in the tumor itself, sometimes in an associated inflammatory or other condition of the brain and its envelopes. At times it has been observed in general convulsions, that particular parts of the body were attacked in a stereotype succession. In the forty-four cases *contractions* were found only six times. They always followed upon already existing paralytic phenomena, and formed the concluding symptom of the disease. *Stiffness* and *rigidity* of the limbs were present in five cases, and with the exception of once case, constantly accompanied by other preceding or succeeding disturbances of motility. Three times all the limbs were affected, once only the arm, one case was opisthotonic.

3. *Disturbances of the organs of sense* were found, generally, twenty-six times out of the forty-four cases. Disturbances of the function of vision were present in twenty-five cases, twelve times existing alone, thirteen times connected with other disturbances of sense (hearing, taste, and smell). Eighteen times these disorders affected both sides, seven times only one. In the first, both eyes did not participate at once, but successively and in unequal degree, and complete blindness came on later; in almost all these cases tumors existed at the base of the brain. In the cases of unilateral disturbance of vision, the tumor was seated in various parts. The visual disorder was present almost in all cases as amaurosis, and indeed from simple hebetude of vision to complete blindness of one or both eyes. Mostly, the obscuration of vision was developed gradually, and came on suddenly but twice. Four times, there was double vision; among these, once, diplopia merely of one eye, once periodically-occurring double vision. Strabismus was noted in nine cases, four times divergent and five times convergent strabismus. Squinting was seven times accompanied by other disturbances of vision. Ptosis was an occasional attendant (three times). In the four cases of double vision, strabismus existed simultaneously twice, once became afterwards associated, and once every disturbance of motion was wanting. Mention is rarely made of the pupils; eight times they were dilated, once contracted, and once one of them was irregular. The *hearing*

was eleven times affected, and, one case excepted, always in connection with disturbances of other senses; eight times were found different degrees from hardness of hearing to deafness of one, rarely of both ears, five times ringing in the ears (twice with hardness of hearing). The sense of *smell* suffered in four cases; three times complete loss, once abnormal odors. *Taste* was altered in five cases; four times it was wanting, once obtuse. Out of the nine cases in which there was derangement of smell and taste, a tumor was found in eight at the base of the brain. Disturbances of the senses were the primary symptoms of the disease in fifteen cases.

4. *Disturbances of the psychical functions* were found nineteen times (among which, however, are not reckoned the transient loss of consciousness which happens at times in violent paroxysms of headache or in convulsive attacks, nor the psychical disturbances occurring in the last days of life, as delirium, confusion, sopor), mostly in manifold complication and succession, usually after disturbances of sensibility and motility had preceded a long time. Disturbance of memory occurred eleven times, and was generally the earliest psychical alteration. A prostration of all the powers of the mind occurred ten times. Three patients exhibited a peculiar silly, childlike behavior, seven an exalted psychical irritability, psychical jactitation, fantastic ideas. Real madness was observed six times, but always only paroxysmal. In the whole nineteen cases, a remission, at times even an intermission of the psychical alterations was worthy of remark. To these nineteen cases, may be added four others in which lethargic conditions had existed previous to the last periods of life.

5. *Disturbances of digestion, of the circulation, and of nutrition.*— *Vomiting* occurred in seventeen cases; in fifteen, bilious, once mucous matters, once the injesta were ejected. The vomiting frequently attended paroxysms of headache, which, especially in the beginning of the affection, were often thereby diminished, or even entirely ceased. *Constipation* was very frequently present, which sometimes came on in the beginning, but generally after the farther progress of the disease. It, for the most part, aggravated the cerebral phenomena. *Diarrhœa* was rare; once alone, twice alternating with constipation, once an occasional bloody stool. The *appetite* was mostly normal, four times abnormally increased. The *circulation* remained mostly normal; sometimes the contractions of the heart were accelerated during paroxysms of headache; three times the frequency of the pulse was below the normal standard. Towards the end of the disease, febrile movements were not uncommon. Once, unrhythmic contractions, and palpitations of the heart occurred early. The *general nutrition* suffered in the highest degree in cases of cancerous and tuberculous, not seldom, also, of sarcomatous tumors. Once there was general excessive

development of fat. In three cases there was local disturbance of the nutrition of the eye.

The *progress* of tumors within the cranium was always *chronic*. Out of thirty-nine cases, the lesion in eight cases lasted from seven weeks to six months; in eight, from six to twelve months; in six, from one to two years; in nine, from two to four years; in eight, from four to fourteen years. Twenty-three months was the mean, if we omit the four longest cases (eight to fourteen years' duration). The author found eight and a-half months the mean of ten cases of tubercles of the brain.

The *general diagnosis* of cerebral tumors is based 1st, upon the existence of one or more of the symptoms mentioned, viz., headache, disturbances of motility and of the senses; 2d, upon the gradual succession of these symptoms, upon the length of time which, for example, intervenes between the headache as an initiatory symptom, and the later expressed disturbances of the motility and sensibility of peripheric parts. Only in four cases did hemiplegic phenomena occur with a shock; and in these a long-continued headache had in three cases preceded, once prosopalgic symptoms. Especially important to the diagnosis of cerebral tumors is 3d, the remission and exacerbation of the various symptoms.

Special diagnosis in reference to the seat of tumors.—(*a.*) *Tumors of the hemispheres of the cerebrum* (eighteen cases) were characterized by the following symptoms: obstinate headache in fourteen cases, in nine of which was associated ringing of the ears or vomiting; disturbances of motility fourteen times, being convulsions thirteen times; hemiplegia occurred five times, sometimes crossed, sometimes not; anomalies of the functions of sense ten times, seven times of that of vision alone; disturbances of intelligence eleven times. Once there were merely disorders of motion, once only headache. One tumor (aneurism) was symptomless. (*b.*) *Tumors at the base of the brain in the neighborhood of the pons Varolii* (nine cases) were accompanied by the following symptoms: headache eight times, mostly in the frontal region, not seldom upon the same side with the tumor. Paralysis of vision, and usually also of hearing and taste, more rarely of smell, upon the same side with the tumor, together with paralytic phenomena in the extremities of the opposite side. More rare were hemiplegiæ of the same side, or paraplegiæ, as well as convulsions (which in case of their occurrence were never epileptiform). Anomalies of the psychical functions were less frequent (five times). Of especial importance for diagnosis is the generally existing manifoldness of the affected senses, with predominant inclination of the visual disturbance to become bilateral. (*c.*) Out of the author's forty-four cases only one tumor occurred in the *pituitary region*. (*d.*) *Of tumors at the anterior part of the base of the brain*, there were only two cases. (*e.*) In three

cases of tumors at the base, upon *the crura and peduncles of the cerebrum and cerebellum*, vision, and the extremities of the same, and, indeed, of the side opposite the tumor, were always paralytic; twice, manifold disturbances of sense occurred, and other cerebral nerves were involved (Oculomotorius, Trigeminus). (*f.*) *Tumors of the cerebellum* were characterized by the following symptoms: violent headache (seven times), often occurring at intervals, four times accompanied by vomiting; four times the tumor was seated in the posterior part of the skull. One case was symptomless. Phenomena on the part of the sexual sphere never existed. (*g.*) *Numerous tumors* in various regions, occurred in three cases.

Etiology.—Of the forty-four cases, twenty-eight were males, fifteen females; once the sex was not given. Of the carcinomatous tumors, nine occurred from the tenth to the thirtieth year of life; eighteen, from the thirtieth to the fiftieth; seven, from the fiftieth to the seventieth. Of the ten cases of cerebral tubercles, four occurred from the first to the tenth; one, from the tenth to the twentieth; three, from the twentieth to the thirtieth; one, from the thirtieth to the thirty-fifth year. Once the age was not given. In these ten cases, eight times pulmonary tubercles existed, twice the thorax was not opened. The farther etiological momenta were traumatic injuries affecting the skull, and in five cases, chronic, long-continued exanthemata.

The *therapia* consists, above all, in regulating the patient's mode of life, and in removing every mental as well as corporeal excitement. The nourishment should be easily digestible, and adapted as much as possible to the general condition of nutrition: the drink should consist of cooling and indifferent fluids. The temperature of the sick-chamber should be low. Where there is sluggishness of the intestinal canal, stools should be procured by cathartics or clysters. General or local abstractions of blood may be made at times upon the increase of certain symptoms, such as headache, giddiness, convulsions, &c. The administration of emetics, the author considers not advisable. Cold, in various forms, and cutaneous irritants have a decided effect in alleviating the symptoms.—*Schmidt's Jahrbücher, Feb.*, 1854.

THERAPEUTICS.

New Treatment of Hypochondria.—Dr. Ch. Masson, in the *Gazette des Hôpitaux*, describes a new mode of treating this disease. The writer first speaks of a mode of treating epidemic cholera, proposed and practised by him in the epidemics of 1832 and 1849. Considering cholera to be an "intoxication of the sub-cerebral nervous system," he believed that "the

most efficacious means of obtaining a prompt and decided reaction was to act on the prolongation of the brain, that nerve-tree whose thousand branches carry to the members and organs motion and life." Accordingly, he produced a rapid vesication along the spine by means of cantharidal ointment. Having been appointed, in 1836, by the Society of Practical Medicine, to a post which brought a large number of poor patients under his observation, he "was astonished to find among men of the laboring classes a dozen hypochondriacs. Till then, I had always thought that this disease was most frequently met with among idle people, or those who had been enervated by abuse of pleasures or of study. To all questions they made the same answers, mingled with absurd reasonings upon the causes of their disease. They complained of sluggish digestion, of nausea, of borborygmi, of constipation, alternating with diarrhœa, of general and wandering pains; the urine was sometimes abundant and limpid, sometimes scanty and lateritious; they burned, or were icy cold; sometimes cramps, palpitations, and chokings came on; the sadness and restlessness which tormented their days pursued them in their sleep; their rest was disturbed by sad and frightful dreams; and still the most attentive examination did not reveal any alteration which could account for so general disorder." Taking into consideration the number of organs whose action was perverted or suspended, the question occurred to the writer, whether or not the subcerebral system were not, as in cholera, the principal seat of the disease. His conclusion was that the seat was the same, and that any organic changes occurring were the effects, rather than the causes of the spinal diseases. The same treatment, "frictions with strong cantharidal ointment, recommenced after desquamation."

Dr. Masson found more docility and perseverance among his patients than he hoped for, and has accounts of nine hypochondriacs cured by this method: one of them had suffered for seven years. In conclusion, he recommends this treatment to the profession for the double purpose of relieving those unfortunates who have little occasion to expect relief from medicine, and as not infallible, but most useful in epidemic cholera.

SURGERY.

Recent traumatic symblepharon; simple operation, and immediate success.—A boy, two years old, received a wound from a cat's claw at the external angle of the left eye. Some days after the accident, the child, when brought to M. Sichel's clinique, presented the following pathological condition:—

A narrow, vertical strip of the outer part of the sclerotic conjunctiva, one-fourth of an inch long, is united by its inferior extremity to a super-

ficial wound in the free border of the lower lid, very near the external commissure. When the little patient looked to the left, this peculiarity was not distinguishable, on account of a sub-conjunctival ecchymosis, in which the still red strip of the conjunctiva lost itself; but when he looked to the right, the symblepharon became apparent, and produced a degree of divergent strabismus, although the adherent bridle, still soft and extensible, was elongated during the movements of the globe of the eye. On causing the eye to turn to the outer angle, the relaxed and flaccid bridle was easily raised, and a stylet passed freely between it and the ball. Under these circumstances, the cure of the symblepharon by excision of the bridle was certain, and the operation easy. The insertion of the lower extremity of the bridle was cut off close to the lid; then, an examination having shown that there was not, in the vicinity of the small palpebral wound, any part of the ocular conjunctiva still suppurating, the floating bridle was also divided, at its upper extremity, close to the globe. The two bleeding points were so distant that their contact was not possible in any position of the parts concerned. It was not even necessary to cauterize the palpebral wound, to prevent adhesion to the globe. The next day the cure was considered perfect.—*Gazette des Hôpitaux.*

Iodine Fumigations in Scrofulous Ophthalmia.—Observing the good effects which follow the topical use of iodine in ulcers and scrofulous tumors, one of the physicians of the Hôtel Dieu of Lyons, M. Bouchet, thought that this metalloid would give similar results if applied to the palpebral mucous membrane affected with constitutional ophthalmia. This physician proposed, therefore, to treat patients affected with scrofulous ophthalmia by vapors of iodine, applied to the eyes by means of a small apparatus constructed thus:—On a metal capsule, heated to the desired degree, small pieces of iodine are thrown. Above the capsule a kind of tunnel is fitted, terminated by an opening in the form of an eye-cup. In this way the vapor is entirely retained, and the ocular surface is subjected to its action as long as is wished, without the patient being suffocated by the penetrating odor of the iodine. The two cases subjected to this new mode of treatment, which the interne, M. Beauclair, published, should cause it to be admitted to be undoubtedly a rational method in practice, but the efficacy of which is still dubious. M. Bouchet's mode is worthy of note from the facility which it affords for practising ocular fumigation.—*Gaz. Med. de Lyon.*

PRACTICAL MEDICINE AND MEDICAL PATHOLOGY.

Case of Inflammation of the Gall-bladder, induced by Gall-stones, terminating in Abscess. By Dr. L. SCHRADER.

An unmarried woman, 45 years of age, had suffered for a long time from paroxysmal pain in the epigastric region, which had been taken for cardialgia. This pain became at length fixed in the right hypochondrium, and was permanent. About three months before the patient came under my treatment, a swelling was formed beneath the costal arch of the right side, which gradually increased, was very sensitive to pressure, and rendered the bent position exceedingly irksome. By degrees, the skin over the tumor

reddened, and at length a perforation took place, with the discharge of a considerable quantity of pus. One morning, the patient observed on the plaster which she had just removed, four small bodies of different size, which were taken for hardened pus, and thrown away. Upon the following days similar bodies were discharged in still greater number. Being somewhat alarmed by this, she resolved to seek medical assistance.

I saw the patient for the first time, about eight days after the rupture of the abscess. Her general condition was not essentially altered; the appetite good, a daily alvine evacuation, and the excrement had the usual color. The patient performed her household duties, and could even make journeys on foot to the neighboring districts. The liver projected about a finger's-breadth beneath the costal arch, this projection extending beyond the *linea alba* about the same distance to the left; pressure upon it produced no pain. At about three fingers'-breadth from the costal arch downwards, and four fingers'-breadth distant from the middle line, just at the outer border of the right *rectus abdominis*, was found a small opening from which oozed continually a fluid of a yellowish color, and with an alkaline reaction. With careful manipulation, the sound penetrated about an inch deep in a horizontal direction, but could be introduced no farther. The contiguous dermoid surface was reddened, and at some depth could be felt a hard body of the size of a florin. In the discharged fluid, none of the constituents of the bile could be found; on the other hand, it contained a few pus corpuscles and granular cells. As regards the above-mentioned bodies discharged from the abscess, of which the patient gave me twelve, they were manifestly gall-stones, which, as analysis proved, consisted chiefly of cholesterine. After the lapse of a few weeks, the pain was renewed, the discharge became again more copious, and two gall-stones, with facettes, made their appearance; when the symptoms ceased. The whole number of gall-stones discharged through the abscess, amounted to twenty. Since that time (about a year and a half) no more have been discharged; the very narrow fistulous opening remains, and an almost transparent fluid, with a scarcely perceptible tinge of yellow, is effused. The person is perfectly well, and performs since, as before, very severe labor.

The inflammation of the gall-bladder in this case, was, without doubt, induced by the concretions. It terminated, after previous adhesion of the gall-bladder with the abdominal walls, in the formation of an abscess and the discharge of the contents externally—the most favorable issue which could occur under these circumstances. That the passage of the bile into the duodenum was not at any time obstructed, is evident from the absence of any permanent disturbance of digestion, the want of icteric phenomena, and the normal color of the fœces. On the other hand, it is very probable to me, that the inflammation produced a closure of the *cystic duct*, with partial destruction of the gall-bladder. This seems plausible to me, because neither after the rupture of the abscess and the discharge of the gall-stones, nor in the farther progress of the case, was any fluid discharged which had the appearance of gall, or in which the constituents of the gall could be found. Probably the mucous membrane of the gall-bladder underwent a change similar to that which occurs in the so-called *Hydrops vesicæ felleæ*, that is, that with the surrender of the character of a mucous membrane, it took on more the quality of a serous membrane, the secretion from which was discharged externally through the fistula.—*Deutsche Klinik, Jan.*, 1854.

On Typhus with Convulsions. By Dr. FRUA.

The interesting paper of Frua on Dubini's so-called *electric chorea*, is communicated by Bucellati in an abstract form, from which our reporter extracts the following. The author objects to the appellation of Dubini, because it does not correspond to the highly rapid course of the disease, and the attribute, electric, is not adapted to all cases; he proposes the name, *convulsive cerebral typhus.*

The disease attacks females more frequently than males, countrymen than citizens; it spares no age, but is nevertheless most frequent at the time of the recession of the catamenia. The nervous constitution, simple hypertrophies of the heart, helminthiasis, and disturbances of menstruation, dispose to it. The exciting causes are especially fright; in some cases sorrow and long-suppressed anger. The disease occurs at times immediately after the exciting cause, at others several days, one or two months, later; sometimes a vague indisposition precedes, sometimes symptoms of commencing neuropathy. The convulsions appear under two forms, as startings of the muscles of a finger, or of a part of the hand, or one extremity, which are followed by convulsions of one-half of the body, returning several times daily. The latter return at regular and irregular periods. At their commencement the expression of the face becomes earnest, the look fixed, the globe of the eye turns to one side of the orbit, the head is turned to the same side; after two or three minutes the muscles of one half of the body begin to contract synchronically, the mouth stands half open, the tongue appears to tremble upon one side, the face becomes red, consciousness is obscured, the respiration is interrupted, the pulse frequent, the skin covered with sweat. The contractions now become more rare, partial, and the paroxysm ends in the course of from one-half to two minutes; the patient lies unconscious, and after a time comes to gradually, often with violent thirst and headache. The sensibility of the skin is frequently diminished during the continuance of the disease, the motility weakened, and hemiplegia gradually developed. The energies of sense, and the intelligence, become more and more blunted with the number of paroxysms. Later the pulse is small and unequal, the tongue remains moist and the appetite unchanged through all stages of the disease; meteorism very rarely occurs. The greatest part of the patients die in the course of the first month; recovery follows very seldom and very slowly. There is as yet no special therapia for this disease. The author considers it important to prevent the outbreak of the paroxysms by dashing cold water upon the patient. He also commends Bordeaux wine, nutritious food, clysters of quinine, quinine endermatically, a cold bath, and occasional warm baths, according to the indication. By this method the author cured one patient, who had previously passed through antiphlogistication in vain. A second case, treated in this manner, convalesced. After two venesections this patient was immediately worse, whereupon the author boldly changed to the roborant treatment. He recovered after the use of wine, quinine, and nutritious food. A third case recovered under the same method. Of the remaining fifty cases, which were mostly treated antiphlogistically, only two recovered. Every one will surely hail these results, from Frua, with joy, and as an indication which announces the near-approaching overthrow of the old custom of Italian medicine, an unconscionable antiphlogosis.

The autopsies gave the following results: constant, minute, ramose injection of the pia mater in different degrees, with slight adhesions; the cortical substance of the brain at times redder at particular points than at others, the upper part generally redder than the basilar portion; the white substance somewhat richer in blood than usual; little serum in the ventricles—and with marked hyperæmia of the brain—dryness and contraction of them; the pes hippocampi, minor and major, frequently reddened, especially upon the side corresponding to the chorea; the spinal marrow in general normal. Lungs normal, heart at times hypertrophic, in particular cases with slight thickening of the valves. The solitary follicles and Peyer's patches frequently quite prominent, spleen sometimes normal, sometimes infiltrated with a vinous-red fluid.—*Schmidt's Jahrbücher, Jan.* 1854.

PART IV.—HOSPITAL RECORDS.

BLOOMINGDALE ASYLUM.

THE Governors of the City Hospital soon discovered that the benefits of the charity were claimed for many laboring under mental infirmity as well as bodily disease; and, according with this demand, certain apartments were appropriated to the reception of this class of patients. The practical inconvenience of the admixture of these two classes of ailments in the same building soon became apparent. From the inadequacy of the accommodations in extent and appropriateness, as well as the increasing applications for admission, it was determined to apply to the Legislature for assistance in the erection of a separate building for the reception of the insane.

The Legislature, in 1806, passed an act continuing an annual provision to the Hospital, out of the duties on sales at auction in the city, until 1857. The Governors immediately set about the building subsequently extended and known as the "Marine Department," which was opened for the reception of patients on the 15th July, 1808, when sixty-seven patients were received. The cost of this primary asylum was about $56,000. Legislative action was required to aid the Governors to liquidate the debt incurred in the completion of this building; and, in 1810, $3,500 per annum, for ten years, was appropriated for this purpose, an annuity which was afterwards cut short by a clause in an act passed in 1817. Such is a brief history of the earlier attempts to establish a lunatic asylum in this city.

In 1815, the enlightened and philanthropic spirit of Mr. Thos. Eddy, who for thirty-four years acted as one of the Board of Governors of the Hospital, prompted him to bring before his colleagues, in an ably written communi-

cation, the advantages attending the introduction of an ameliorated system of moral treatment, such as was successfully pursued in Britain, and which had only to a limited extent, at that time, been practised in this country. It is somewhat curious and interesting, in connection with this point, to reflect upon the change brought about by forty years. America, to her praise be it now spoken, stands preëminent among the nations of the world for the system upon which the treatment of the insane is conducted in her several asylums, for the admirably complete arrangements made for the collection and dissemination of statistical information upon every point which can elucidate the pathology of insanity, for the liberal endowments made for the support of these institutions, and for the high standard of intellectual and scientific acquirements possessed by the medical staff attached to them.

Mr. Eddy's communication was acted upon with promptitude by the Governors, to whom it was addressed, and the Legislature to whom they appealed for assistance in the good work. In 1816, an act was passed, granting the sum of $10,000 per annum, until 1857, for the purpose of purchasing a tract of land and building suitable edifices. Several efforts to select an appropriate spot were made, purchases having been effected at Harlem Heights, at a point nearer the East River, and lastly, the site of the present establishment. The original extent of the grounds was forty-six acres, which have been from time to time increased, until they now cover eighty acres. The corner-stone of the building was laid in May, 1818, and in June, 1821, the building was opened for the reception of patients, and received the name of the "Bloomingdale Asylum." The main building was the first portion finished; in 1830, a detached wing was erected for the more violent male patients, and in 1837, a corresponding wing was put up for females of a similar class. The whole expense of the buildings and furnishing, up to 1839, was $200,000. In order to meet these heavy liabilities, the Governors were under the necessity of borrowing a very large sum of money. This liability thus created has been, by a judicious financial management, almost entirely obliterated. The want of further accommodation, however, has been felt in this department, as well as in the Hospital; and the Governors have been very strenuous in their appeal to the public benevolence for further aid, which they do not seem to anticipate from repeated legislative grants.

The situation of the Asylum is on the Bloomingdale road, about seven miles from the City Hall. It is somewhat elevated above the surrounding neighborhood, and commands a very extended and pleasant prospect of the rivers, city, and its environs. The grounds are neatly laid out and well kept, and everything about the place bespeaks an air of quiet and solid comfort highly calculated to enhance the treatment pursued, and to

render the unfortunate inmates happy in so far as they are susceptible of enjoyment. Little can be said of the architectural merits of the buildings themselves: they are essentially utilitarian, and seem to answer their purpose equally well with more ornate structures. Still, there is to the eye a want of harmony, as it were, between the extensive and well-arranged unds and the simple building.

The statistics of this institution are full of interest.

Lunatics admitted previously to the year 1811,.....643					Lunatics admit'd in the year 1831,....151				
"	"	in the year	1811,....108		"	"	"	"	1832,....118
"	"	"	"	1812,....127	"	"	"	"	1833,....138
"	"	"	"	1813,....105	"	"	"	"	1834,....102
"	"	"	"	1814, ...104	"	"	"	"	1835,....138
"	"	"	"	1815,.... 69	"	"	"	"	1836,....121
"	"	"	"	1816,.... 49	"	"	"	"	1837,....112
"	"	"	"	1817,.... 49	"	"	"	"	1838,....122
"	"	"	"	1818,.... 75	"	"	"	"	1839,....113
"	"	"	"	1819,.... 77	"	"	"	"	1840,....113
"	"	"	"	1820,.... 87	"	"	"	"	1841,....102
"	"	"	"	1821,....123	"	"	"	"	1842,.... 86
"	"	"	"	1822,....102	"	"	"	"	1843,.... 85
"	"	"	"	1823,....131	"	"	"	"	1844,....106
"	"	"	"	1824,....121	"	"	"	"	1845,....138
"	"	"	"	1825,....156	"	"	"	"	1846,....133
"	"	"	"	1826,....142	"	"	"	"	1847,....143
"	"	"	"	1827,....134	"	"	"	"	1848,....138
"	"	"	"	1828,....134	"	"	"	"	1849,.... 95
"	"	"	"	1829,.... 91	"	"	"	"	1850,.... 97
"	"	"	"	1830,....134	"	"	"	"	1851,.... 95
					"	"	"	"	1852,....104

It is worthy of observation that this return exhibits a great increase from the preceding years in 1823, 1825, 1830, 1833, 1845, 1847. It will probably be remembered that three of these periods at least were remarkable as great monetary crises, and all of them characterized by more or less mercantile embarrassments. It is not our purpose, in this article, to enter into the discussion of the extent to which pecuniary embarrassments may become the proximate cause of mania; but the facts here alluded to, as shown by these tables, are no less striking than important in psychological pathology. The whole number of patients admitted to the Asylum from its commencement, as a ward in the Hospital, to 1852, was 5,329. Cured (exclusive of 1852), 2,417; relieved, 995; discharged by request, 921; disorderly, or eloped, 155; died, 541. The relations of the numbers under these respective headings, although of much importance in a strictly scientific point of view, lose their value in the moral aspect of the subject. This has been beautifully pointed out by one of our writers, in the following language:

To how few can the simple statement that so many have recovered, give any idea of the peculiar joy experienced by those who have seen the cloud

of disease lifted up from their spirits, and the undimmed light of reason shining serenely out upon their mental horizon! The hours of mental torture that have been soothed, the crushing burden of distrust and apprehension that has been lightened, the joy of those—the husband, father, child—who welcome the return of the loved one as from the grave; the relief of that desperate agony which, day after day, has been aggravated by the appalling sights and sounds that often crowd upon the shattered mind; the restoration to the domestic circle of peace, order, and quiet, that has followed the withdrawal of some uneasy spirit whom none of the arts of kindness could please or soften,—these are benefits that cannot be estimated by figures, though not among the least conferred upon a community by establishments like ours. Neither are words more adequate to the purpose, because these benefits lie too far beyond the range of ordinary experience to be conceived of by any who have not personally seen and felt them.

RECORDS.

Statistical Tables.—In the first number of the MONTHLY, it was stated that blank forms had been furnished to the several hospitals in this city and in Brooklyn, with the view of procuring accurate tabular returns, of the number, nature, history, and results of the medical and surgical cases admitted during each month. This was done with the knowledge and approval of the chief medical officers of the several institutions, and the forms were confided to the residential physicians and surgeons. With a solitary exception, in the instance of a private establishment, none of these have been returned completed for any one month during the past six.

What was considered to be a strong appeal, was made to the *esprit du corps*, of those who were solicited to provide the required information; and the advantages to be derived from pursuing such a course of methodical notation, both immediate and ultimate, personally and relatively, were plainly stated. It would be unpardonable affectation to say that we are not disappointed, at the wholesale manner in which the request, politely, yet urgently made, has been hitherto disregarded. The only consolation presenting itself to our mortified expectations, is the hope, that time and reflection will induce a more favorable consideration of the proposition, and that we shall, at the close of the next volume, be able to present the reader with the fruit of a more ready compliance with our desire, in a carefully-digested table of the practice of our city hospitals. We refrain from discussing the grounds of objection, or the reasons which have prevented a compliance with our request; as they are, in those instances in which they have been offered, neither of sufficient weight or importance to interfere with the execution of the design, nor of such a nature as to be unsurmountable, by a comparatively small expenditure of time and pains-taking. In

those institutions in which a change of individuals has occurred, in the house-officers, the writer will make it his business to give a renewed personal explanation of the nature, extent, and importance of the knowledge sought to be attained.

St. Vincent's Hospital.—At this institution we were much pleased with the successful result of an operation performed by the younger Mott, in which not only the general appearance of the patient has been most signally improved, but the normal function of an eye restored, and, very probably, the life of the patient preserved. We had not the opportunity of seeing the case before, or of witnessing the operation, but have received from eye-witnesses, and the patient himself, a very intelligible account of his sufferings and appearance;—we can, therefore, only speak positively of the result. It would seem to have been a case of exostosis, springing from the lachrymal bone on the left side, involving also the contiguous nasal bone, and a portion of the orbital plates of the superior maxilla and frontal bones. It had forced the globe of the eye from its normal position in the orbit, and impaired vision with that eye; it was attended with a profuse offensive and exhaustive discharge, which was rapidly impairing the general health and was very repugnant to the patient and his friends. By a series of ingeniously planned and well executed incisions and flaps, the whole disease, with the structures involved, have been removed, the integrity of the integuments preserved, and the position and function of the eye restored. The health of the patient has been completely reëstablished—the wounds have healed kindly and quickly, and but for one or two linear cicatrices, which time will very much modify, none who saw him before fail to appreciate the value of judicious and skilful surgery. Nor can the result be less gratifying to the operator who made the attempt to relieve his patient, with the disadvantage of a most unfavorable prognosis formed by himself and colleagues.

Ward's Island.—The case of amputation at the shoulder-joint, reported in the MONTHLY for April, is now discharged from the surgical wards, the stump having cicatrized, with but one slight interruption from hæmorrhage arising from one of the muscular branches, abnormally enlarged from the previous long-standing disease; a casualty brought on by an act of imprudent exertion on the part of the patient, within a few days after the operation. He has much improved in general appearance, and is gaining flesh rapidly. Life is now, for the present, at least, made tolerable to him, and may continue so for years. Examination has proved the tumor to be malignant in its character; it is also of a composite structure, and is, altogether, a very valuable pathological specimen.

There is also now in the hospital a very interesting case of successful amputation above the ankle, somewhat modified after the plan of Lenoir, in which a combination of the circular and flap operations has produced an exceedingly neat and firm stump.

There is at present a slight epidemic of erysipelas, but as yet it has proved mild and amenable to treatment.

The eye-wards in this charity are exceedingly interesting and instructive and are remarkably well kept, especially the adult male ward, in which are congregated, just now, upwards of sixty, there are frequently many more, of a very unruly set of patients.

It is very gratifying to find that among the liberal arrangements made by the Commisioners of Emigration for the comfort of the patients, that the convenience of the surgeons has not been overlooked entirely, as has hitherto been the case. Heretofore, it was necessary to perform the operations either in the wards, a most objectionable procedure and attended by prejudicial consequences to the inmates, or in a miserably small, badly-lighted room, situated at some distance from the wards. Now, however, a very fine, commodious apartment, admirably lighted and well ventilated, in the upper part of one of the surgical wards, has been appropriated for this purpose. We heve no doubt that to Dr. Carnochan and his colleagues the change has been a very acceptable one.

New York City Hospital.—It is a matter of surprise, at the present day, with the accumulated and daily-increasing evidence in favor of chloroform, that the surgeons of this charity continue to prefer ether for the induction of anæsthesia at their operations; and not only do they give the preference to the latter, but they absolutely interdict the employment of chloroform. Their objection is said to be founded principally on the issue of one fatal case some time back. We are not sufficiently cognizant of the circumstances to say whether the case can be regarded as a purely fatal result, or only an accidental casualty; but, even admitting the former to be the real state of the case, it seems hardly fair to condemn an agent now so universally employed on the issue of a single case, in opposition to statistics like the following:—

In *one* hospital in *London alone*, that of St. Bartholomew, more than *thirty-five thousand persons* have been submitted to its full influence with only one accident of importance—that in Edinburgh *more than four hundred thousand doses* have been sold by the druggists to the surgeons of that city, and *only one* death from its use has resulted.

The writer in the periodical from which the foregoing passage is taken, gives the following happy and pertinent comments on the facts:—

The most serious objections to the use of chloroform, whether in surgery or midwifery, is the danger which is supposed to attend its use. In several cases death has followed the use of chloroform so closely that the drug has appeared to be the sole and direct cause of death. In most of the cases the appearance has been deceptive, but in others death may have resulted from the use or abuse of chloroform alone. When we reflect how generally it has been used in all parts of the world by persons *who had to obtain their knowledge of its effects by experiment*, and were therefore unskilled in its administration—remembering also that it has very frequently been used in an impure state, and combined with deleterious substances—the wonder is, not that some few deaths may be traced to the use of a new remedy, but *that they should have been so few*. Considerable doubt still hangs over the few exceptional cases, for death will sometimes occur in the most unexpected, inexplicable manner under the most trivial operations. Patients have died suddenly just before some contemplated operation was commenced, and had chloroform been given, it would assuredly have been set down as the fatal agent. Several such cases may be found in the pamphlets of Dr. Simpson, two of them being especially remarkable, as they, by what might be termed a mere accident, narrowly escaped being the first cases in which chloroform was tried; death followed a simple puncture in one case, a simple incision in the other, and in both without any apparent cause. Had chloroform been given to these patients, death would doubtless have been attributed to its influence, and probably its use would have been entirely abandoned.

PART V.—EDITORIAL AND MISCELLANEOUS.

THE CLOSE OF THE VOLUME.—With this number closes the first volume of the MONTHLY, and it seems a fit occasion to say a few words to our readers, of its prospects. Unannounced as the publication was, by prospectus or other agency, suspiciously received as it was in some directions, coldly welcomed as it was in others, while by only a few it was warmly greeted, it would not have been strange if discouragement had been the result of the first six months' experiment. It is our duty, as well as our pleasure, to say that our experience has been precisely the contrary. The side glances of suspicion have yielded to the kind looks of friendship, and already has the cold shoulder become less frequent. From all this we are certified that our calculations were not erroneously made as to the demands of the profession, or the means at our disposal. Without too much self

gratulation we may say that the MONTHLY has already won for itself an enviable reputation both at home and abroad. In its pages there has been presented to readers a very unusual proportion of original matter, and that of a high character. Should we include as original, as some journals do, the translations made especially for the MONTHLY, it would be found that nine-tenths, at least, of this volume, come under that head. This is mentioned, to show that we do not simply reproduce stale translations, but endeavor, when we borrow, to do it from those sources which are not open to most physicians.

Exerting ourselves to the utmost to support the profession, we are justified in calling upon the profession to support us. Our subscription list has grown remarkably fast; but we are aware that many gentlemen are each day intending to forward to us their names and money, but only are prevented by procrastination. To such we beg leave to say, that farther delay is to their injury as well as our own, and if they desire to *encourage* this truly national enterprise they should do so immediately, not waiting for it to be established without them. The many different States of the Union from which our subscribers come, convinces us that we have, in following the doctrines which we at first announced as our guides, only done what the profession desired. By those doctrines and principles we shall continue to direct our course.

John Bull vs. *French Therapeutics*. *Young America* vs. *British Surgery*.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare. —*Morganin. De Sed. et Caus. Morb. lib.* 14.

In our April number we gave an extract from the London "Medical Times and Gazette," containing a caustic sneer at "French Therapeutics" for some "startling illustrations of the utter incompetency of their French brethren in dealing with matters of therapeutics." With an amusing coolness the writer asks, "Can nothing be done, in these times of French and English fraternization, to remedy such disgraceful ignorance on the most important subjects? Might it not be well to raise a subscription, translate Dr. Hughes Bennett's last book, and distribute it gratis to the French faculty." The writer winds up this withering sarcasm by saying that the man who is guilty of such ignorance as is there complained of, "would merit for his inhumanity to be dismissed from the profession and discarded from society"!!

You are right, John Bull. Let us implore you to establish medical missionaries among the poor, benighted French, and while you take care of

"French Therapeutics," "Young America" will look after British Surgery. "In these days of the printing press and the steam engine, when treatises pour forth on all sides, and the journey from London to Paris may be made in six hours, it must be matter of astonishment to any observer how slowly knowledge spreads"—that is to say, from Great Britain to France. It is equally astonishing how slowly it spreads from the American shores to the British Isles. This is evident by a glance at the "Mirror of the Practice of Medicine and Surgery in the Hospitals of London" in the last number of the London Lancet, where we find reported two cases of vesico-vaginal fistula under the care of the surgeons of St. Mary's Hospital. In these reports we find "such utter incompetency" and such a "lamentable ignorance" of the present state of science on this subject, that we venture to remind our British brethren that the proper way to keep up with the improvements of the age "in these days of the printing press and the steam engine," is simply to read American Medical Journals a little more frequently. "Can nothing be done in these times of French and English fraternization to remedy such disgraceful ignorance on the most important subjects!" Might it not be well to raise a subscription, print the beautiful little brochure of our countryman, Dr. J. Marion Sims, "on the operation for vesico-vaginal fistulas," and distribute it gratis to the British faculty?

But, badinage apart, let us look for a moment at the character of these reports. "The operations of Jobert de Lamballe, of Fergusson, Avery, and others," of Mr. Pollock, Mr. Lane, and Mr. Brown, together with the ridiculous and perilous effort of M. Maisonneuve, of Paris, "whereupon the patient died of purulent infection," are all gravely dwelt upon; while the brilliant operation of Dr. Sims (the only operation for this terrible affection that has either reason, science, or experience to support it) is entirely ignored. Its author, be it said for the honor of American surgery, has demonstrated its perfect success to the entire satisfaction of the American medical public, and we can hardly pick up a journal that does not contain a new trophy of this great achievement. We would, therefore, gravely reiterate our recommendation to our British brethren, who can read *American* without a translation, to take our medical journals, which will keep them up with the improvements in surgery, while they are amusing themselves with the improvements of "French Therapeutics."

We shall take some trouble to place before our transatlantic brethren some facts on this subject.

We simply premise, that previous to the time of the promulgation of Sims' operation, there had been no really practical advance in the treatment of vesico-vaginal fistula. It was all uncertainty and empiricism. The only thing *certain* was a *failure*. Dr. Sims published an account of his operation in the Am. Journ. of Med. Sciences for Jan., 1852, giving a full detail of his

inventions and success. Now, we find one of the surgeons of St. Mary's Hospital, without any acknowledgment of the source of his information, following Dr. Sims' general directions. He uses Dr. Sims' position for his patient, "the reflecting retractor," as he calls it, for holding up the bowel out of the way and of throwing light on the anterior wall; the quilled suture was applied, and "a bent tube permanently retained in the urethra to prevent the passage of urine interfering with the work of cicatrization." Fie, Mr. Bull. Set a better example before your young men. If you get an idea from Young America, have the manliness to say so. But perhaps it was only a coincidence, whereby your patient came *near* being cured. For the purpose of making your cure complete, suppose we refer you to other sources for information.

If you will turn to the Am. Journ. of Med. Sciences for Oct., 1853, you will see that the distinguished western surgeon, Dr. Mussey, cured a case of recto-vaginal fistula by the "*clamp suture*" of Dr. Sims. He says, "Dr. Sims is well entitled to the thanks of the profession for having introduced what he calls the clamp suture in the treatment of vesico-vaginal fistula, consisting of two cylinders of silver or lead, perforated at several points, for the passage of pieces of silver wire, which supply the place of thread, and which are to be prevented from slipping by perforated shot carried down upon them, passed against the cylinders, and kept in place by being firmly pinched with pliers." Dr. Sims makes his cylinders one line or more in diameter, and his wires the size of a horse hair.

Prof. Chas. Bell Gibson, of Richmond, Virginia, has cured a case of vesico-vaginal fistula by the American method. (*Vide* Stethescope, Aug., 1853.) Dr. Holmes, of Mississippi, has used the same method with success. (*Vide* New Orleans Med. and Surg. Journ., Nov., 1853.) Dr. Bozeman, of Montgomery, Ala., has been equally successful. (*Vide* N. O. Journ., May, 1854.)

We learn, from a private source, that Prof. Chas. A. Pope, of St. Louis, the recently-elected President of the American Medical Association, has been equally successful. The distinguished deviser of this operation has reported three successful cases in the N. Y. Med. Gaz. for Jan., 1854; another (quite an unique case) in the AMERICAN MED. MONTHLY for February, 1854, and the writer of this article reported another by him in this journal for April, 1854.

Dr. Sims has also reported a novel case, in the New York Med. Times, where the lady was cured in thirteen days by his beautiful and perfect operation, after submitting to the application of the actual cautery every four or five weeks for several years. Is it any wonder that the author, in reporting this case, exclaims, "What a commentary on the imperfections of an art does this case afford, when we see it, after seven and a half years of use-

less torture with the actual cautery, cured in thirteen days by a simple operation, which I shall yet live to see characterized, not as the work of an individual, but as the achievement of American Surgery!" Already has that time arrived, for we can hardly take up an American Journal that does not contain the evidence of its success in the hands of American Surgeons. Therefore, may we proudly place this chaplet on the brow of Young America, which we know to be not only the desire, but the highest ambition of its rightful owner.

We could very easily go into an analysis of British, French, and German Surgery on this head; but the contrast with the great American operation would be so wide that it would be a mere glorification of the author of our method; for until his systematic, philosophical experiments, there were no principles to guide us. Now, however, every thing is clear and certain. The position of the patient, and the beautiful lever speculum or elevator of the perineum and rectal septum, the admirable self-retaining catheter; but, above all, (for without it the other contrivances would be futile) the *clamp suture*, which lies safely imbedded in the tissues for an indefinite period, all combined, make this operation in its simplicity, perfection, and success, one of the most brilliant achievements of modern conservative surgery.

It will be observed that the only claim we have here put in for our country, has been in the department of *Obstetrical* Surgery. We might, with equal force, point out the ignorance of our foreign brethren as regards the progress made in this country, in the development of new and important improvements in the other departments of our profession. In Surgery, for example, the method of reducing dislocations of the femur, recently brought into notice by Dr. Reid, of Rochester, who seems to deserve the merit of an originator, although a similar method was taught and practised by the late Prof. Nathan Smith, of New Haven. But while we shall endeavor to see full justice done to American *obstetrics*, we shall leave the claims of the other branches of the profession to be defended by more appropriate pens. *Ne sutor supra crepidam.*

In conclusion, we will only add, that while we despise that illiberal spirit which refuses to receive and accept what is new and true, because it comes from a foreign source, we lack words to express our intense disgust for those renegade Americans who would deprive our own countrymen of their merited distinctions, to bestow them, undeserved, unasked, and unclaimed, upon distinguished foreigners.

B. F. BARKER.

LABZELLEN,—STOMACH CELLS.—In the interesting translation of Kölliker's Physiological Observations on the death of a suicide, which we pre-

sent our readers in this number, the words stomach cells frequently occur. The German word, which is thus translated by Dr. Bennett, is Labzellen. In order that the difficulty of rendering technical words may be appreciated, as well as for the interesting suggestions of the paragraph, we quote the following from a note from Dr. B. upon the subject, only regretting that we did not receive it in season to add it as a note to the translation itself:

I was very much troubled to make a satisfactory translation of the word Labzellen, but finally rendered it "stomach cells." The only literal definition of it which I can obtain or imagine, is rennet-cells; having reference, as I suppose, to the resemblance of these cells in the human stomach, to those found in the *rennet* or fourth stomach of ruminants. The truth is, that each microscopist employs terms to suit his own fancy, and it is difficult to keep pace with their nomenclature. I observe that in the Medico-Chirurgical Review this word is translated *scale*-like cells, but in what possible manner it can be distorted into this signification, I cannot imagine. The word is compounded of *Lab* and *Zellen* the first meaning *the rennet*, and the second, *cells*. I have simply called them stomach cells.

THE AMERICAN MEDICAL ASSOCIATION.

The seventh annual meeting of this national scientific Association, took place in St. Louis, on the second of May. The president (Dr. KNIGHT, of New Haven) not being present, the senior vice-president (Dr. USHER PARSONS, of Providence, R. I.) took the chair, and opened the meeting with an appropriate address, from which we can only afford space to make the following extract:

In order to promote the honor, dignity, and usefulness of our profession—objects for which the Association was instituted—its members must be gathered from all parts of our country, and united into one harmonious fraternity, and must adopt such measures as will promote and perpetuate among ourselves an *esprit du corps*, a conformity of sentiment and feeling, and a combination and coöperation in action. This has been already accomplished in a good degree, by holding our annual meetings in distant and remote cities of the Union. They must continue to be carried to new and ever-varying spheres of action, until their beneficial influence is made available to the whole profession. As the metallurgist, in separating a heterogeneous mass of particles, passes over it a magnetic bar to attract the pure iron and steel with a force proportioned to its proximity, so must the meetings of this Association, in order to gather into one fold suitable materials of growth and strength, be carried from place to place over the great mass of our whole population, attracting from the dross and impurities all that is of value and worthy of reception and incorporation into a homogeneous and efficient brotherhood. These considerations influenced me in voting to accept the invitation to hold the present meeting in Missouri, notwithstanding the toil and fatigue of the journey, and its remote-

ness from the residence of a large portion of the delegates. It is here, more than elsewhere, that the meetings of this Association are likely to prove beneficial by a rapid enlargement of our numbers.

And in no department of human affairs is progress here more sure than in medical knowledge. Our Atlantic States have inherited a reverence for European opinions, which, although commendable in our early medical history, is at the present day less favorable to American progress and discovery in medicine. We need to interrogate nature and experience more, and European opinions less. We need mental as well as political independence, a freer swing of thought and purpose that characterizes our brethren of the West, and which this Association is adapted to call into action.

Dr. Washington, Chairman of the Committee of Arrangements, welcomed the Association to St. Louis with some pertinent remarks, which were replied to in a happy manner by the President of the Association.

The attendance was large, considering the length of journey performed by most of the delegates, between two and three hundred being present, representing twenty-three States, the Army and the Navy.

Notwithstanding some disadvantages attend the yearly transfer of the Association, yet we consider these more than overbalanced by the good results accruing therefrom in creating a more extended interest throughout the country in the objects of the Association, and at the same time acting as a spur to the profession at large, by making them cognizant of the advance of medical science in various sections of the Union. This claim of duty and benefit of result are happily illustrated by the foregoing quotation from Dr. Parson's address.

As an exemplification of this, we would mention the agreeable surprise afforded us by our Western brethren, who, in so short a period, have done so much for the profession by their various collections, especially in the department of comparative anatomy.

The amount of business transacted was as great as usual. A number of reports and papers were read and discussed before the Association.

As to the social enjoyment, the entertainments, both private and public, were on a scale commensurate with the proverbial liberality and hospitality of the West.

The usual Committee of one from each State was appointed to nominate officers and transact the general business of the Association.

The Committee, after retiring for a short period, reported through their Chairman, Dr. White, the following list of officers for the ensuing year:—

For President, CHAS. A. POPE, M. D., of Missouri. *Vice-Presidents*, N. S. DAVIS, M. D., of Illinois; WM. T. WRAGG, M. D., of South Carolina; JOHN GREEN, M. D., of Massachusetts. *Secretaries*, EDWIN S. LEMOINE, M. D., of Missouri; FRANCIS WEST, M. D., of Pennsylvania. *Treasurer*, D. F. CONDIE, M. D., of Pennsylvania.

Dr. Pope, on being conducted to the chair, made the following brief and eloquent remarks:—

Gentlemen! There are occasions when the mouth is dumb, because the heart is full. Such I feel to be my present position, when I behold around me so many members of a noble profession. I am grateful for the honor you have conferred upon me; and, however unworthy in other respects, I will yield to none in a just appreciation of the lofty aims and noble aspirations of the profession of which we are members. In this view, Gentlemen, I feel that the honor was not so much intended for myself, as for the advances made in science by the profession generally in the West. For myself, I return you the thanks of a grateful heart. I will endeavor to act to the best of my abilities; and again I thank you.

A vote was passed, that an account of the Norwalk railroad catastrophe, and a brief memoir of the members of the Association who then lost their lives, should be prepared for publication in the Transactions.

On motion of Dr. Gross, it was recommended that the Committee of Arrangements for the future should avoid the preparation of costly entertainments.

Dr. Pinkney, of the Navy, was invited to address the Association in behalf of the Army and Navy, which he did in a spirited and eloquent manner.

SECOND DAY.

After the reading, amendment, and adoption of the minutes of the preceding day, and some other preliminary business,

Dr. Atlee, of Lancaster, Pennsylvania, moved that the memorial from the members of the American Medical Society, of Paris, to the American Medical Association, be read and referred to the Committee of Medical Education, which motion was carried.

The memorial, after preluding that the Association had its origin in "a consciousness of the low state of medical education in our country," and from the desire to elevate the standard, urges upon the Association the necessity of a change:—

While acknowledging, however, the superiority of education in Europe, we are far from desiring to arrive at equality by imitating their methods. We therefore beg to urge the following plan for the consideration of the Association: That in each State there be appointed by the Medical Society of the State a Board of Examiners, which Board shall be chosen every year from members of the Society, and which shall perform its duties the following year in the place, and immediately before the sitting of the State Medical Society; that their examinations be public, and that every one whomsoever may apply who shall be introduced by a member of the Society; and that no one can hereafter become a member of the State Medical Societies, nor of the American Medical Association, who has not the certificate of having satisfactorily passed such an examination.

So far we coincide with the spirit of this memorial, but are inclined to doubt the wisdom or policy of the following passage of its declaration:—

"No certificates of attendance upon courses of lectures should be necessary, but solely the possession of the necessary amount of medical knowledge to practise his profession with safety and honor."

We are of opinion that evidence should be required from the offering candidates, of a curriculum of study, embracing the fundamental elements of medical instruction for a given period of time, at some generally recognized and duly authorized school.

The President announced that the reading and consideration of the annual reports of committees would now be in order. The following chairmen of committees submitted abstracts of their reports:

Dr. F. CONDIE, of Philadelphia, on the Causes of Tubercular Disease, was not prepared to report, and requested further time.

Dr. GEO. B. WOOD, of Philadelphia, on Diseases of Parasitic origin, not being present, had sent a verbal request to be discontinued. His request was accordingly granted.

Dr. JOHN A. ATLEE, of Lancaster, Pa., on Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland, not being prepared to make a full report, requested to be continued on the same committee.

Dr. D. J. CAIN, of Charleston, S. C., on Epidemics of South Carolina, Florida, Georgia, and Alabama, read an abstract of his report. It was referred to the Committee on Publication.

Dr. W. L. SUTTON, of Georgetown, Ky., on Epidemics of Tennessee and Kentucky. He had made a partial report, but of such meagre materials that he requested to be continued. His report was referred to the Committee of Publication when ready.

Dr. GEORGE MENDENHALL, of Cincinnati, Ohio, on the Epidemics of Ohio, Indiana, and Michigan. He presented a report for the years 1852 and 1853, of which he read a brief abstract. The report was referred to the Committee on Publication, with the request to have it published in the proceedings of the present year.

Dr. R. S. HOLMES, of St. Louis, Mo., on Epidemic Erysipelas, read an abstract of his report. It was referred to the Committee on Publication.

Dr. E. D. FENNER, of New Orleans, on Epidemics of Louisiana, Mississippi, Texas, and Arkansas. He read a comprehensive abstract of his report—dwelling principally on the ravages of the cholera and yellow fever, and the causes and the means of treatment.

Dr. FENNER had not completed his report, and Dr. MCPHEETERS offered a resolution that Dr. FENNER be requested to complete his report, and submit it to the Committee on Publication, to be published. The resolution was adopted.

Dr. MUSSEY, of Cincinnati, now made a motion to suspend the order of regular business, to allow Dr. LINTON, of St. Louis, to express his views with regard to the pathology of the yellow fever. A suspension of business was made for this purpose.

He expressed his views very clearly and at some length on this subject. He advocated the idea that vegetable decomposition was not necessary to

the production of the autumnal diseases of this country. He considered yellow fever nothing more than an aggravated type of bilious fever, caused by the retention of hydro-carbonaceous substances in the blood. In other words, the agencies producing yellow fever were *Northern blood* subject to the heat of the Southern latitudes.

A motion was made and carried that Dr. LINTON be requested to draw up the substance of his remarks, to be presented to the Committee of Publication.

Dr. DANIEL BRAINARD, of Chicago, Illinois, on the Constitutional and Local Treatment of Carcinoma. He requested further time to make a full report.

Dr. N. S. DAVIS, of Chicago, Illinois, on the Influence of Local Circumstances on the Origin and Prevalence of Typhoid Fever. The report, of which he read a brief abstract, was referred to the Committee on Publication.

Dr. DONALDSON, of Baltimore, on the Present and Prospective Value of the Microscope in Disease. Dr. DONALDSON, in a communication, stated that his report was complete, but he not being present, it was, without reading, referred to the Committee on Publication.

The report of the Committee on Medical Education was received, but owing to its length, its reading was passed over. It was referred to the Committee of Publication.

Dr. POPE, as Chairman of the Committee on Prize Essays and Volunteer Communications, reported that there were nine in number, possessing undoubted merit, but while according these claims to their authors, the committee preferred to be governed in their choice by considerations of originality and practical import, rather than of mere theoretic speculation. The prize was therefore awarded to the essay, entitled "An Essay on a new method of treating un-united fractures and certain deformities of the osseous system," bearing a motto in French, which, being liberally rendered in modern English, reads, "And notwithstanding all the pains I have heretofore taken, I have reason to praise God, in that it hath pleased Him to call me to that branch of medical practice commonly called surgery, which can neither be bought by gold nor by silver, but by industry alone and long experience."

Dr. POPE then broke the seal and announced the name of Professor BRAINARD, of Chicago.

We congratulate our friend on the masterly monograph, of which he gave a very concise and instructive *resumé* to the meeting, at the suggestion of Dr. MCPHEETERS; we have no doubt that when the transactions appear, this contribution to surgical knowledge will receive the cordial affirmation of the profession at large to the decision of the committee.

Dr. ELBERT offered certain resolutions to the effect that a committee be appointed to recommend to the next annual meeting, for consideration, any alteration they might deem necessary in the Constitution, By-Laws, &c., and

also that the place of holding future annual meetings of the Association be determined by ballot, without the intervention of the Nominating Committee. The resolutions, after much discussion, were lost.

Dr. GUTHRIE offered the following resolutions, which were unanimously carried:

Resolved, That in the Secretary of theTreasury's recommendation to Congress, to abolish or materially modify the duty on such crude drugs not producible in this country, as are used in the laboratories of the country in the manufacture of chemicals, we recognise a wise provision for the further protection of the profession and the community at large, from impure and sophisticated medicines.

Resolved, That a copy of this resolution be signed by the proper officers of this Association, and transmitted by the same to the Secretary of the Treasury, and to the Committee on Ways and Means.

Dr. J. B. JOHNSON now stated to the meeting that he had a letter from Dr. STEPHEN WILLIAMS, of Illinois, enclosing a preamble and resolutions, which he desired to read to the meeting. He then read the letter, which contained arguments on and resolutions to the purpose of constructing and publishing memorials of deceased eminent medical men. The letter thus speaks of recent losses:

"Within a very short space of time, we have been called to lament the death of Dr. Nathan Chapman, the former President of this Association, of Dr. Samuel G. Morton, Wm. E. Homes, Isaac Parish, G. S. Pattison, J. Kearney Rodgers, Daniel Drake, the great medical pioneer of the West, Samuel McClellan, Amos Twitchell, Abiel Pierson, G. C. Shattuck, Archibald Welch, and very many others whom time will not permit me to enumerate."

The preamble and resolutions referred to in the foregoing, were then on motion adopted. The chair then announced that he would appoint the committee contemplated by the resolutions hereafter.

Dr. FRENCH submitted the following resolution, which was carried:

Resolved, That a committee be appointed to inquire what State or other Societies, represented in this Association, are in fellowship with irregular practitioners.

Dr. BLATCHFORD, of Troy, read a letter from Dr. A. D. SPORE, stating that he (Dr. SPORE) had been for some time investigating the subject of Hydrophobia, to ascertain what influence the weather had upon the disease; and in the letter he requested that communications on the subject might be sent to him by members of the faculty who had opportunities of making observations. Dr. SPORE not being a delegate, it was moved that Dr. BLATCHFORD be appointed chairman of a committee for the investigation of this subject.

The following resolution was offered by Dr. DOWELL:

Resolved, That a committee be appointed to investigate the improvements of the instruments for Lithotomy by NATHAN R. SMITH, PAUL F. EVE, and Dr. MCDOWELL.

The resolution was laid on the table.

The following was offered by Dr. S. M. SMITH, of Columbus, Ohio, which was carried:

Resolved, That a standing committee of —— be appointed by the Association, on the subject of Insanity as it prevails in this country, including its *causation*, as here-

ditary transmission, educational influences, physical and moral, social and political institutions, &c. Its *forms* and *complications*, *curability*, and means of cure and prevention.

Dr. SAMUEL P. WHITE, of the University of Buffalo, submitted the following resolution, which was carried:

Resolved, That the thanks of this Association be presented to Dr. J. KNIGHT, late President, for the very dignified, courteous, and efficient manner in which he presided over its deliberations; and that he be respectfully requested to furnish the usual address for publication.

The committee appointed by the American Medical Association to devise or consider some comprehensive plan for the more general, systematic, and thorough investigation of subjects connected with medical science, made a report, to which was appended the following resolution:

Resolved, That the American Medical Association hereby recommends all medical societies to establish, in accordance with the plan detailed in the foregoing report, special committees for the selection, investigation, collaboration, and publication of all subjects of interest connected with medical science.

The resolution was carried, and the report and resolution were referred to the Committee on Publication.

Mr. DAVIS presented some specimens of milk to the Association, which he explained would, if used, prevent many of the diseases to which children are subject, arising from using putrid milk. He respectfully submitted the specimens to the consideration of the Association.

After a session of half an hour, the meeting adjourned till 9 o'clock, Thursday morning.

THIRD DAY.

The Association convened at 9 o'clock, A. M. Dr. POPE, President, in the chair.

Dr. ATLEE offered the following resolution, which was carried:

Resolved, That it shall be the duty of the Publication Committee to append to each volume of the transactions, hereafter published, a copy of the Constitution of the Association.

The following resolution, offered by Dr. GROSS, was also carried; and Dr. GROSS was appointed by the chair the committee designated:

Resolved, That a committee of one be appointed by the chair to inquire into the causes which obstruct the formation and establishment of our National Medical Literature, and to report the subject at the next annual meeting of this Association, or as soon thereafter as practicable.

An invitation from the Directors of the Pacific Railroad, to use their road for an excursion, was accepted, with a vote of thanks.

Dr. J. BERRIEN LINDSLEY offered the following resolution, which, on motion, was referred to the Committee on Medical Education, with instructions to report at the next annual meeting of the Association:

Resolved, That this Association earnestly recommend to the few Western schools which still retain the rule of making four years' practice equivalent to one term at college, the abrogation of said rule, as holding out a strong inducement and temptation to young men to enter upon the practice of medicine with little or no preparation.

Dr. PAUL F. EVE, of Nashville, Tenn., submitted a resolution, which, after amendment, as follows, was carried:

Resolved, That a committee of three be appointed by the chair, to report at the next meeting of the Association the best means for preventing the introduction of disease by emigrants into our country.

The chair appointed Drs. Dickson, Griscom, and E. D. Fenner, a committee.

Dr. LINTON, of St. Louis, offered the following, which was also referred to the above-named committee:

Resolved, That in the opinion of this Association, quarantine establishments afford no protection to States and cities against the invasion of epidemics, such as cholera and yellow fever.

Dr. PENN offered a resolution to the following effect:

Resolved, That the members of the Committee of Arrangements, who are not members of the Medical Association, be invited to take seats in this Association, as members by invitation.

Which was carried.

Dr. JAYNE arose and offered a resolution in relation to the memorial from Drs. Hammer and Murphy, of the American Medical Society at Paris, to the American Medical Association, which was, at a previous meeting, referred to the Committee on Education:

Resolved, That the memorial from Drs. Hammer and Murphy be withdrawn from the Committee on Education.

Upon this resolution a spirited debate ensued, in which Dr. Jayne assailed the action and motives of the memorialists, who were in turn sustained by Drs. Atlee, Elbert, McIlvain, and Edgar; the discussion terminated in the withdrawal of the memorial from the Committee on Education, a decision, it appears to us, very much to be regretted, although we have no doubt the mere discussion of the subject will be attended with good results.

Report of the Committee of Nominations.

The Committee on Nominations, in fulfilling the duty imposed upon them, recommend the continuance of several of the special committees previously created, and the appointment of some new ones. They therefore submit the following list of Chairmen of special committees, with the subjects to them committed:

Dr. Worthington Hooker, of New Haven, Ct., "On Epidemics of New England and New York."

Dr. John L. Atlee, of Lancaster, Pa., "On Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland."

Dr. D. J. Cain, of Charleston, S. C., "On Epidemics of South Carolina, Florida, Georgia, and Alabama."

Dr. W. L. Sutton, of Georgetown, Ky., "On Epidemics of Tennessee and Kentucky."

Dr. Thos. Reyburn, of St. Louis, Mo., "On Epidemics of Missouri, Illinois, Iowa, and Wisconsin."

Dr. Geo. Mendenhall, of Cincinnati, Ohio, "On Epidemics of Ohio, Indiana, and Michigan."

Dr. E. D. Fenner, of New Orleans, La., "On Epidemics of Mississippi, Louisiana, Arkansas, and Texas."

Dr. James Jones, of New Orleans, La., "On The Mutual Relations of Yellow and Bilious Remittent Fever."

Dr. D. F. Condie, of Philadelphia, Pa., "On the Causes of Tuberculous Disease."

Dr. Jos. Leidy, of Philadelphia, Pa., "On Diseases of Parasitic Origin."

Dr. A. P. Merrill, of Memphis, Tenn., "On the Physiological Peculiarities and Diseases of Negroes."

Dr. Jos. N. McDowell, of St. Louis, Mo., "On Statistics of the Operation for the Removal of Stone in the Bladder."

Dr. F. P. Porcher, of Charleston, S. C., "On the Toxicological and Medicinal Properties of our Cryptogamic Plants."

Dr. Daniel Brainard, of Chicago, Ill., "On the Constitutional and Local Treatment of Carcinoma."

Dr. George Engleman, of St. Louis, Mo., "On the Influence of Geological Formations on the Character of Disease."

Dr. Henry Taylor, of Mount Clemens, Mich., "On Dysentery."

Dr. Horace Green, of New York, "On the Use and Effect of Applications of Nitrate of Silver to the Throat in Local or General Disease."

Dr. P. C. Gooch, of Richmond, Va., "On the Administration of Anæsthetic Agents during Parturition."

Dr. Chas. Hooker, of New Haven, Ct., "On the Diet of the Sick."

Dr. E. R. Dabney, of Clarksville, Tenn., "On Certain Forms of Eruptive Fevers, prevalent in Middle Tennessee."

Dr. Sanford B. Hunt, of New York, "On the Hygrometrical State of the Atmosphere in various Localities, and its Influence on Health."

Dr. Frank H. Hamilton, of Buffalo, N. Y., "On the Frequency of Deformities in Fractures."

Dr. M. M. Pallen, of St. Louis, Mo., "On Diseases of the Prostate Gland."

Dr. H. A. Johnson, of Chicago, Ill., "On the Excretions as an Index to the Organic Changes going on in the System."

Dr. Leroy H. Anderson, of Sumterville, Ala., "On Typhoid Fever and its Complications as it prevails in Alabama."

Dr. W. H. Byford, of Evansville, Ia., "On the Pathology and Treatment of Scrofula."

Dr. N. S. Davis, of Chicago, Ill., "On the Nutritive Qualities of Milk, and the influence produced thereon by pregnancy and menstruation in the human female, and by pregnancy in the cow, and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome method of supply."

Dr. E. B. Haskens, of Clarksville, Tenn., "On the Microscopical Investigations of Malignant Tumors."

Dr. George K. Grant, of Memphis, Tenn., "On the Sulphate of Quinia as a Remedial Agent in the Treatment of Fevers."

Dr. R. R. McIlvain, Cincinnati, Ohio, "On the Study of Pathology at the Bedside."

Dr. E. S. Cooper, of Peoria, Ill., "On Orthopædic Surgery."

Dr. Andrew F. Jeter, of Palmyra, Mo., "On the Modus Operandi of the Envenomed Secretions of Healthy Animals."

Dr. Sam. M. Smith, of Columbus, Ohio, "On Insanity."

Dr. Rene la Roche, of Philadelphia, Pa., "On the Jaundice of Yellow Fever in its Diagnostical and Prognostical Relations."

Dr. Charles Chandler, of Rocheport, Mo., "On Malignant Periodic Fevers."

Dr. S. B. Chase, of Portland, Me., "On Typhoid Fever in Maine."

Committee on Plans of Organization for State and County Societies—A. B. Palmer, M. D., Michigan; R. R. McIlvain, M. D., Ohio; D. L. McGugin, M. D., Iowa; E. R. Peaslee, M. D., New Hampshire; Thomas Lipscomb, M. D., Tennessee.

Committee on Medical Literature—Robert J. Breckenridge, M. D., Kentucky, Chairman; A. A. Gould, M. D., Massachusetts; D. L. McGugin, M. D., Iowa; J. B. Flint, M. D., Kentucky; O. M. Langdon, M. D., Ohio.

Committee on Medical Education—Wm. H. Anderson, M. D., Alabama; A. Lopez, M. D., do.; Andrew Murray, M. D., Michigan; A. Ramsay, M. D., Tennessee; R. D. Ross, M. D.

Committee on Prize Essays—Rene La Roche, M. D., Pennsylvania; Isaac Hays, M. D., do.; Alfred Stillé, M. D., do.; J. B. Biddle, M. D., do.; Geo. W. Norris, M. D., do.; Joseph Carson, M. D., do.; Joseph Leidy, M. D., do.

Committee of Arrangements—Isaac Hays, M. D., Pennsylvania; G. Emerson, M. D., do.; Wilson Jewell, M. D., do.; Alfred Stillé, M. D., do.; Francis West, M. D., do.; Wm. V. Keating, M. D., do.

Committee on Publication—Pliny Earle, M. D., New York; D. Francis Condie, M. D., Pennsylvania; E. S. Lemoine, M. D., Missouri; A. March, M. D., New York; E. H. Davis, M. D., do.; C. R. Gilman, M. D., do.

After the reading of the report, Dr. REYBURN moved its adoption, excepting that portion referring to the Committee on Publication, in the following resolution:

Resolved, That the said report be adopted, with the exception of that portion which refers to the Committee on Publication.

This question seems to have been one of the highest magnitude and importance, if we can judge from the discussion which ensued, and the warm and strenuous effort made to retain the publication at Philadelphia. It does seem that a vast deal of "animal heat," "vital energy," "nervous excitement," and what may not unaptly be termed "reflex action," was expended and lost in the debate, which at length terminated in favor of the original proposition by the report. Did it not once occur to the oppositionists that if it would be advantageous to the interests of Medical Science generally, and to the Profession *locally*, that the meetings of the Association should be transferable; so also would it be useful, encouraging, and beneficial, that the *place* and superintending committee of the publication of its transactions should be occasionally varied, in accordance with the

facilities possessed by other cities for the purpose? Let there be no monopoly of any kind connected with so liberal an institution.

After the vote was announced, the delegation from Philadelphia, through Dr. La Roche, announced that they would take the responsibility of tendering the resignation of Dr. Condie, of Philadelphia, Treasurer of the Association. After some little discussion, the resignation of Dr. Condie was accepted.

Dr. West, of Philadelphia, one of the Secretaries, then tendered his resignation, and the question being put upon accepting it, it was lost.

Dr. Breckenridge, of Kentucky, then offered the following resolution, which was carried:

Resolved, That hereafter the majority of the Committee on Publication shall be selected from the physicians of that city in which the Association may annually meet.

A vote of thanks was then unanimously returned to Dr. Condie for the able, zealous, and impartial manner with which he had discharged his duties as Treasurer.

Dr. Atlee offered the following resolution, which was carried:

Resolved, That this Association earnestly recommend to their medical brethren in those States in which societies do not exist, the immediate organization of State and County Medical Societies.

Dr. Ramsey offered a resolution, which, on motion of Dr. Coons, was laid on the table.

Dr. Breckenridge offered a resolution to the following effect:

Resolved, That the papers and documents of the Association shall hereafter be the exclusive property of the Association, which, as amended by Dr. Smith, was carried.

Dr. Phelps took the stand, and read the following abstract:

"The document I hold in my hand purports to be an abstract of a paper which traces the connection existing between medicine and religion in its origin and progress, and might receive the following style, to wit:

"Religion an Element in Medicine, or the duties and obligations of the profession."

This is a document of great value and importance, which we regret our space will not permit us, in this number, to give at length; it was referred to a special committee, composed of Drs. Atlee, Sayre, and March.

A resolution was reported to amend the constitution, which provides that its annual meetings shall be held on the first Monday in May, and substitute the second Monday. The resolution, under the rule, lies over for a year.

Dr. W. H. Byford offered a resolution of thanks to Dr. Pinckney, of the United States Navy, for the able address delivered before the Association on the first day of its session, which was unanimously adopted.

Dr. Atlee offered a resolution tendering the thanks of the Association, and of the individual members, to the citizens of St. Louis for their hospitality and kindness; also, to the Directors of the various railroads and officers of steamboats, for the generous manner in which they have tendered their kind offices, which was adopted.

Dr. WHITE moved that a vote of thanks be extended to the late Publishing Committee for their best endeavors to serve the Association, which was unanimously adopted.

A resolution offered by Dr. W. W. HITT, about alcoholic drinks, was adopted and referred to the Committee on Nomination.

A resolution offered by Dr. C. B. HUGHES, relating to speciality practice in Surgery, was on motion laid on the table.

Dr. WHITE, from Nominating Committee, reported to the Association the name of Dr. BLATCHFORD, of New York, as Treasurer, in place of Dr. CONDIE, resigned.

Dr. BLATCHFORD declined acting in that capacity, and the committee subsequently reported the name of Dr. WOOD, of New York. They also reported a special committee on Epidemics, for the States of Virginia and North Carolina, with Dr. HASKINS as chairman; and also, the resolution relative to alcoholic drinks was reported back by them, referring it to a special committee, consisting of Dr. MUSSEY.

Dr. W. S. EDGAR offered a resolution in regard to the compounding of medicine, and recommending apothecaries to use different colored paper in putting up poisonous drugs, with an appropriate stamp upon it, in contradistinction to other medicines.

Dr. BANE, of Illinois, was elected a permanent member.

A letter from Dr. ENGELMAN, of St. Louis, was read, resigning his situation as chairman on one of the special committees; but the Association refused to accept it.

The following resolution, offered by Dr. J. B. LINDSLEY, was, on motion, laid on the table:

Resolved, That the too prevalent practice of Professors in Medical Colleges recommending their own writings and editings as text-books for their students, is, in the opinion of this Association, a serious evil, trammelling as it does, the student in his choice of books, and promoting the publication and circulation of works of inferior merit.

A vote of thanks was returned to Dr. HOOKER, Treasurer *pro tem.*

Dr. GROSS informed the Association that the second volume of the work of the late Professor Drake, of Cincinnati, was now in the press at Philadelphia, and would be issued early in the present summer. The second volume, he said, was on Practical Medicine, and will be entirely independent of the first.

It seems unfair, almost, to pass over with slender comment, the proceedings of the last day, which were almost exclusively confined to the participation of the abundant hospitality of the city, at the dinner which was given to the Association and invited guests, but our space is exhausted. Suffice it to say, that evidence was not wanting of the manner in which the warm and social feelings, so much in harmony with the occasion, animated every one. Toasts and sentiments eulogistic and inspiriting, speeches eloquent and characteristic, were abundant; nor was the aid of Apollo wanting to his votaries and disciples—poetry as well as physic—lent its charm to enliven the hour; and none, we opine, who were present on the occasion, will soon, if ever, forget the evening spent by them in the "far West." ‡

NEW YORK OPHTHALMIC HOSPITAL.—We have been intending, for some time, to notice the report of this institution, but have been prevented. Though a very modest, it is a most useful charity; and we hazard nothing in saying that there is abundant occasion not only for this, but others of a similar design. The directors, governors, and friends of the institution have done well, but especial praise is due to the surgeons, for their industry and success. In this connection, we take pleasure in noticing the fact that Dr. Mark Stephenson's class, of the last winter, expressed to him their appreciation of the value of his lectures, in the tangible form of a present of a case of Luer's instruments for operations on the eye, valued at one hundred dollars. We know they are excellent instruments, and we know that Dr. S. will make excellent use of them.

PROFESSOR ROUX.—The surgical career of this eminent Frenchman, lately deceased, was one of the longest and most glorious recorded in the annals of science. For a period of sixty years, he shone in the first rank as professor, scholar, lecturer, hospital surgeon, private practitioner, or academician. Born at Auxerre, in 1780, he was sufficiently advanced in surgery, in 1795, to receive the appointment of assistant surgeon in the army. In 1797, he visited Paris, where he soon made the acquaintance of Bichat, and became his friend and co-laborer. In 1801, he carried off a first prize in the *Ecoles de Santé*, and in 1802, he competed with Dupuytren for a post in one of the large hospitals. Henceforth, it was his lot to meet with Dupuytren at every turn in his career. In 1806, at the age of twenty-six, we find him surgeon of the hospital of Beaujou; and in 1810, in the same capacity, in the hospital of *La Charité*, in Paris, where he was associated with the great Boyer, whose daughter he subsequently married, and who had already recognised in his youthful assistant the most skilful operator of his time. In 1812, he was again Dupuytren's competitor, and although then defeated, acquitted himself so brilliantly that, when a few years later a second chair became vacant, it was bestowed upon him by the unanimous vote of the faculty. The earnestness and learning exhibited by M. Roux in these public contests have never been surpassed.

Although thus variously employed in the pursuit of station, and in hospital and private practice, M. Roux still found time to contribute to numerous publications. At the age of twenty, he assisted in editing *l'Anatomie Descriptive*, which reformed French anatomy. The fifth volume of that work is entirely from his pen. At a later period, he conceived the plan of another treatise of the same kind, of which only the first volume was printed;

and even that was never published. His duties as an operator, and the exigencies of the course of instruction, bequeathed to him by Bichat, did not permit him to continue it. In 1809, he published a volume of miscellanies, in which, without ceasing to be an anatomist, it is noticeable that his attention is more especially directed to surgery. In that volume will be found contributions to the progress of the art, which time has not cast into oblivion.

His *Médecine Operatoire* was never concluded. It was commenced in 1813, when Dupuytren was carrying everything before him at the *Hôtel-Dieu*. To hold his own, constant effort was necessary. With such a competitor and in such a struggle, which lasted for twenty-five years, literary labor was impossible: but, although he left his didactic works unfinished, M. Roux never ceased to work for the advancement of surgery. Either by real creations, or by important modifications, he has left his mark upon a host of questions. He was conspicuous in his lectures for insisting upon the importance of surgical anatomy. The suture of the velum of the palate, an operation which has delivered humanity from an afflicting deformity, is entirely due to him. A still more painful infirmity, the disruption of the perineum, has disappeared from the class of incurable diseases, thanks to his inventive genius. It is he, also, who originated those ingenious operations which have for their object to remedy deformities of the face, and of the surface of the body in general. The resection of diseased articulations owes to him its most brilliant examples of success.

In 1814, he paid a visit to London; and on his return published a work which, at the time, made a great noise, and which, among other results effected a total change in the French treatment of ulcers of the legs.

But it was more especially in the handling of the bistoury that M. Roux had no equal. He used the instrument with unequalled skill, elegance, and ease; his proceedings were methodical, prompt, and delicate; nothing could be neater or more elegant than the operation he had just terminated, or the dressing he had just made; and this marvellous dexterity was preserved by him up to the last moment. At an age when the fingers of other men are stiffened and trembling, he still practised the operation for cataract with the same steadiness as in the early years of his long career.

M. Roux belonged to the school of surgery, of which Sabatier, Desault, and Boyer, were the highest personification. Precise and mathematical in their descriptions, these masters, of course, placed in the first rank the qualities of the hand, or the manual of operative medicine; reserving for the second rank all that pertained to intellectual appreciation, to the nature of disease or its medication. Thus, chiefly, surgery had for them a meaning which was strictly limited by the grammatical acceptation of the word.

Nurtured in these principles, which were beside conformable to his natural tendencies, M. Roux remained all his life, preëminently, an operator; in this respect withholding his adhesion to the new school, which contends for the subordination of manual skill to medical science. In fact, strictly defined surgery, of which he was, as it were, the efflorescence, and, unquestionably the most brilliant expression, loses in him the most solid pillar it had still standing in Europe.

Among M. Roux's moral characteristics, his scientific integrity stood out in strong relief, to this must be added, goodness of heart, an obliging disposition, frankness, expansiveness, and geniality in the intercourse of life. Unlike most other men, he spoke readily of his mistakes and reverses; irreproachable in his intentions, it never entered his mind, that such admissions might be turned against him, and used as weapons in the hands of envious rivals. His graceful deportment in professional intercourse made him everywhere acceptable; he was incapable of wounding any man's feelings, and paid the same regard to the most humble practitioner, as to his equal in rank.

Devoted to his pupils, he was always ready to serve and guide them, especially such as showed any talent for surgery; in such cases, he took delight in making them operate under his own eyes, thus witnessing what he was wont to call their first feats of arms. The number that remained attached to him is countless. Rejoicing in their success, as in his own, he also gave them a large place in his intimate affections; and, as his good deeds were wholly disinterested, he was deeply pained, when, as was sometimes the case, he was repaid by ingratitude.

In his visits to Italy, Germany, and England, M. Roux became personally known to all the notabilities of those countries. The wish to see him operate, and the charm of his manner, also drew to him all the foreign surgeons who visited Paris in pursuit of knowledge. Among these were many Americans, who live to bear testimony to his superior qualities. In fact, he was for twenty years, in the estimation of the whole world, the brightest surgical illustration of the age.

If it were the nature of man to find happiness out of himself, M. Roux had nothing to regret. A spotless reputation, a numerous family, wealth, honors—all these he possessed; and he was on the point of being elected President of the Academy of Sciences—a dignity he was ambitious of attaining—when Providence intervened and cut short the thread of his days.

J. M. C.

DR. SIMS' LECTURE.—On the evening of the 18th ult., a number of professional men and others, about two hundred, among whom were conspicuous five ladies, attended at the Stuyvesant Institute, by invitation, to

hear Dr. Sims' argument in favor of an hospital for the reception and treatment of the diseases peculiar to females.

The lecturer traced the history of his operation for vesico-vaginal fistula, and related, in a pleasing and effective manner, the various steps by which he had attained progressively to the present excellence in the performance of this great achievement in curative surgery. It was a striking narrative. The obstacles and difficulties he encountered, of all kinds and from every quarter, the failures and disappointments which mortified but did not subdue him, the discouragement of friends, and the sacrifices of time, money, bodily and mental labor, would seem to have been sufficient to defeat a less resolute will, to try a faith not sustained by the soundness of the principles which directed him, and the sufficiency of that science on whose altar he was laboring to place this trophy of perseverance, ingenuity, and devotion.

At the conclusion of the lecture, Dr. Delafield was appointed Chairman of the meeting, and Dr. Beadle, Secretary, when two resolutions were unanimously passed, one expressive of accordance with the views propounded by the lecturer, the other appointing a committee of ten, composed of five medical and five lay members, to devise a plan for accomplishing so desirable an object as the establishment of the institution then eloquently advocated.

In the course of his lecture Dr. Sims made some pointed observations on the subject of specialities in practice, which deserve a more extended notice than we can at present afford, and which we shall possibly attempt on some future occasion. ‡

FROM THE CHEROKEE NATION.—An interesting letter from Cherokee Nation, gives us an account of a case, in which the presence of ascarides in the intestines, seemed in a marked manner to retard convalescence, after pneumonia, in a girl of ten years of age. The anthelmintic used was a preparation, of which chenopodium is the active principle. The worms were discharged in large numbers, matted together; it is computed that four hundred were voided in the course of a few days. "After this stampede of the parasites," as our correspondent humorously terms it, the child "rapidly brightened up, and recovered completely." He mentions another case; one of sudden death from the effects of violent rage in a female of uncontrollable passions. There was no postmortem examination, but the writer presumes, from the discharge of blood from the mouth and nostrils, there was rupture of some pulmonary vessel. Death occurred in fifteen minutes from the climax of the mental excitement, and was preceded by a sense of suffocation. We are much obliged to our correspondent, and shall be happy to hear from him again. Let others also follow his example; from such facts, graphically stated, much information is frequently obtained. ‡

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